

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MONTANA

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	MEADOW LARK AGENCY, INC.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA OVER THE ROAD APPAREL	
3. Debtor's federal Employer Identification Number (EIN)	81-0433133	
4. Debtor's address	Principal place of business 2913 MILLENNIUM CIR BILLINGS, MT 59102 Number, Street, City, State & ZIP Code YELLOWSTONE County	Mailing address, if different from principal place of business 2720 HUMMINGBIRD WAY BILLINGS, MT 59105 P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business 2913 MILLENNIUM CIR BILLINGS, MT 59102 Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

7. Describe debtor's business

A. Check one:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Railroad (as defined in 11 U.S.C. § 101(44))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))

☒ None of the above

B. Check all that apply

☐ Tax-exempt entity (as described in 26 U.S.C. §501)

☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)

☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

☒ Chapter 7

☐ Chapter 9

☐ Chapter 11. Check **all** that apply:

☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☐ A plan is being filed with this petition.

☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.

☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

☒ No.

☐ Yes.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☐ No ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor **MEADOW LARK TRANSPORT, INC.** Relationship **AFFILIATE**
District **MONTANA** When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes.
- Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> 1-49 | <input checked="" type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input checked="" type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

☐ \$0 - \$50,000
☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million
☐ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion
☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 6, 2023**
MM / DD / YYYY

X /s/ AMANDA R. ROTH
Signature of authorized representative of debtor

Title **CEO**

AMANDA R. ROTH
Printed name

18. Signature of attorney

X /s/ JAMES A. PATTEN
Signature of attorney for debtor

Date **November 6, 2023**
MM / DD / YYYY

JAMES A. PATTEN 1191
Printed name

PATTEN PETERMAN BEKKEDAHL
Firm name

& GREEN
2817 2ND AVENUE N, ST 300
BILLINGS, MT 59101
Number, Street, City, State & ZIP Code

Contact phone **406-252-8500** Email address **apatten@ppbglaw.com**

1191 MT
Bar number and State

Fill in this information to identify the case:

Debtor name MEADOW LARK AGENCY, INC.

United States Bankruptcy Court for the: DISTRICT OF MONTANA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 6, 2023

X /s/ AMANDA R. ROTH

Signature of individual signing on behalf of debtor

AMANDA R. ROTH

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **MEADOW LARK AGENCY, INC.**United States Bankruptcy Court for the: **DISTRICT OF MONTANA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 21,454,540.13
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 21,454,540.13

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 1,102,085.61
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 782,150.97
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 2,724,673.98
4. Total liabilities Lines 2 + 3a + 3b	\$ 4,608,910.56

Fill in this information to identify the case:

Debtor name **MEADOW LARK AGENCY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MONTANA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **TAB BANK**

CHECKING

2224

\$0.00

3.2. **TAB BANK**

PAYROLL ACCOUNT

2233

\$0.00

3.3. **TAB BANK**

CAFETERIA ACCOUNT

2242

\$77.42

3.4. **TAB BANK**

HOLDING ACCOUNT

2251

\$0.00

3.5. **TAB BANK**

**CHECKING ACCOUNT
FOR OVER THE ROAD
APPAREL**

2260

\$18.25

3.6. **LITTLE HORN STATE BANK**

SAVINGS

4499

\$527.79

Debtor MEADOW LARK AGENCY, INC.
Name

Case number (If known) _____

3.7. LITTLE HORN STATE BANK CHECKING 1096 \$5,119.67

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$5,743.13

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. SECURITY DEPOSIT FOR GEORGIA LEASED PROPERTY \$36,000.00

7.2. INSURANCE DEPOSITS Unknown

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$36,000.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old: 5,876,382.00 - 85,279.00 = \$5,791,103.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$5,791,103.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.

Debtor MEADOW LARK AGENCY, INC.
Name

Case number (If known) _____

☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale INVENTORY FOR OVER THE ROAD APPAREL	UNKNOWN	Unknown	Fair Market	\$20,000.00

22. Other inventory or supplies

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$20,000.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture 165 OFFICE CHAIRS AT \$35 = \$5,775 75 SMALL FILING CABINETS AT \$50 = \$3,750 6 LARGE FILING CABINETS AT \$80 = \$480			
		Unknown	FAIR MARKET	\$10,005.00
	17 DESK PODS	Unknown	FAIR MARKET	Unknown

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

Debtor MEADOW LARK AGENCY, INC.
Name

Case number (If known) _____

146 DESKTOP COMPUTERS AT \$500 = \$73,000
46 LAPTOPS (LOCAL) AT \$100 = \$4,600
25 LAPTOPS (REMOTE) AT \$350 = \$8,750
186 MONITORS AT \$30 = \$5,580
109 DESKTOP PHONES AT \$50 = 5,450
8 SWITCHES, 7 BATTERY BACKUPS, 10
SERVERS, 2 SONIC WALL UPN - \$30,000
8 SMALL PRINTERS AT \$100 = \$800
2 LARGE PRINTER/COPIERS AT \$1,500 =
\$3,000
24 LARGE TV'S AT \$300 = \$7,200
4 SMALL TV'S AT \$150 = \$600

Unknown FAIR MARKET \$138,980.00

SAMSARA PARTS, ACCESSORIES,
ACCESSIONS AND ATTACHMENTS

Unknown FAIR MARKET Unknown

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork;
books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card
collections; other collections, memorabilia, or collectibles

42.1. PAINTING - 1450

Unknown FAIR MARKET \$1,450.00

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$150,435.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No

☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.

☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description

Net book value of
debtor's interest
(Where available)

Valuation method used
for current value

Current value of
debtor's interest

60. **Patents, copyrights, trademarks, and trade secrets**

Debtor MEADOW LARK AGENCY, INC.
Name

Case number (If known) _____

OVER THE ROAD APPAREL TRADEMARK

Unknown

FAIR MARKET

Unknown

61. Internet domain names and websites
62. Licenses, franchises, and royalties
63. Customer lists, mailing lists, or other compilations
64. Other intangibles, or intellectual property
65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

**RECEIVABLE FROM MEADOW LARK
TRANSPORT INC.**

15,444,476.00 -
Total face amount

0.00 =
doubtful or uncollectible amount

\$15,444,476.00

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

Debtor MEADOW LARK AGENCY, INC.
Name

Case number (If known) _____

<u>MEADOW LARK COMPANIES FEDERAL TAX DEPOSIT</u>	<u>\$6,783.00</u>
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<u>FEDERAL MOTOR CARRIER NUMBER</u>	<u>Unknown</u>
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<u>USURY CLAIMS AGAINST ALPINE ADVANCE 5, THE LCF FUNDING AND DELTA CLOUD</u>	<u>Unknown</u>
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78. Total of Part 11. Add lines 71 through 77. Copy the total to line 90.	<div><u>\$15,451,259.00</u></div>
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79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

Debtor MEADOW LARK AGENCY, INC.
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$5,743.13</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$36,000.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$5,791,103.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$20,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$150,435.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$15,451,259.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$21,454,540.13</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$21,454,540.13</u>

Fill in this information to identify the case:Debtor name **MEADOW LARK AGENCY, INC.**United States Bankruptcy Court for the: **DISTRICT OF MONTANA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	ALPINE ADVANCE 5 Creditor's Name 46 WASHINGTON STREET SUITE #6 MIDDLETOWN, CT 06457 Creditor's mailing address Creditor's email address, if known Date debt was incurred 9/29/2023 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien ALL ASSETS, ACCOUNTS, CREDIT CARD RECEIVABLES, CHATTEL PAPER, INVENTORY, EQUIPMENT, DEPOSIT ACCOUNTS, ETC. Describe the lien LOAN AGREEMENT Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$206,375.00	Unknown

2.2	CLOUDFUND LLC/DELTA BRIDGE Creditor's Name 400 RELLA BLVD SUITE 165-101 SUFFERN, NY 10901 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number	Describe debtor's property that is subject to a lien LOAN - COLLATERAL UNKNOWN Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	Unknown	Unknown
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.3 **OTR SOLUTIONS CAPITAL LLC**

Creditor's Name

**1000HOLCOMB WOODS PARK
BUILDING 300, SUITE 315-A
ROSWELL, GA 30076**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

6/21/2023

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

ALL ASSETS, FREIGHT ACCOUNTS RECEIVABLES, ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES ETC.

Unknown

\$21,454,540.13

Describe the lien

LOAN AGREEMENT

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.4 **SAMSARA CAPITAL FINANCE**

Creditor's Name

**2330 INTERSTATE 30
MESQUITE, TX 75150**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

SAMSARA NETWORKING, SAMSARA LICENSING, PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THRETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES

Unknown

Unknown

Describe the lien

LOAN AGREEMENT

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 **SBA**

Describe debtor's property that is subject to a lien

\$160,806.61

\$0.00

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

Creditor's Name

**14925 KINGSFORT RD
FORT WORTH, TX 76155**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

6/14/2020

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

INVENTORY, EQUIPMENT, INSTRUMENTS, INCLUDING PROMISSORY NOTES, CHATTEL PAPER, INCLUDING TANGIBLE CHATTEL PAPER AND ELECTRONIC PAPER, DOCUMENTS, DEPOSIT ACCOUNTS ETC.

Describe the lien

LOAN AGREEMENT

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6 THE LCF GROUP INC.

Creditor's Name

**3000 MARCUS AVENUE
SUITE 2W15
NEW HYDE PARK, NY
11042**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

ALL ASSETS, ACCOUNTS, CREDIT CARD RECEIVABLES, CHATTEL PAPER, INVENTORY, EQUIPMENT, DEPOSIT ACCOUNTS, ETC.

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

\$734,904.00

Unknown

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,102,085.61

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

**ALPINE ADVANCE 5 LLC
228 PARK AVE S
NEW YORK, NY 10003**

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Line **2.1**

Debtor Name	Case number (if known)	
MEADOW LARK AGENCY, INC.		
CORPORATION SERVICE COMPANY	Line <u>2.6</u>	7197
P.O. BOX 2576		
SPRINGFIELD, IL 62708		
CORPORATION SERVICE COMPANY	Line <u>2.6</u>	7197
P.O. BOX 2576		
SPRINGFIELD, IL 62708		
CORPORATION SERVICE COMPANY	Line <u>2.6</u>	7197
P.O. BOX 2576		
SPRINGFIELD, IL 62708		
FIRST CORPORATE SOLUTIONS	Line <u>2.3</u>	
914 S STREET		
SACRAMENTO, CA 95811		
GENE ROSEN'S LAW FIRM	Line <u>2.1</u>	
200 GARDEN CITY PLAZA		
SUITE 405		
GARDEN CITY, NY 11530		
KAPLAN LEGAL SERVICES LLC	Line <u>2.3</u>	
6065 ROSWELL ROAD		
SUITE 540		
ATLANTA, GA 30328		
SBA - CESC COVID EIDL SER. CENTER	Line <u>2.5</u>	
14925 KINGPORT RD		
FORT WORTH, TX 76155		
U.S. SMALL BUSINESS ADMINISTRATION	Line <u>2.5</u>	
10 W 15TH ST., STE 1100		
HELENA, MT 59626		
U.S. SMALL BUSINESS ADMINISTRATION	Line <u>2.5</u>	
10737 GATEWAY WEST #300		
EL PASO, TX 79935		

Fill in this information to identify the case:

Debtor name **MEADOW LARK AGENCY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MONTANA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address AARON T POHLE 5414 QUARRY STONE AVE BILLINGS, MT 59106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,319.23	\$8,319.23
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.2	Priority creditor's name and mailing address ADAM T JONES 11316 E 12TH AVE SPOKANE VALLEY, WA 99206	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,800.00	\$2,800.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.3	Priority creditor's name and mailing address ALABAMA DEPARTMENT OF REVENUE 50 N RIPLEY ST MONTGOMERY, AL 36132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$819.53	\$819.53
Date or dates debt was incurred		Basis for the claim: AL WITHHOLDING TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address ALLAN R OSTWINKLE 19221 NORTH 45TH DR GLENDALE, AZ 85308	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,230.00	\$3,230.00
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address ALONDRA GARCIA 8245 CHAMBERLAIN ST DETROIT, MI 48209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,234.07	\$4,234.07
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address AMANDA R ROTH 2720 HUMMINGBIRD WAY BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$39,230.77	\$15,150.00
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MEADOW LARK AGENCY, INC. <small>Name</small>		Case number (if known)		
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2.7	Priority creditor's name and mailing address ANDREW P BEILKE 6300 BIRCH ST, LOT 303 WESTON, WI 54476	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,460.00	\$5,460.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address ARKANSAS DEPARTMENT OF REVENUE PO BOX 9941 LITTLE ROCK, AR 72203-9941	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$217.94	\$217.94
	Date or dates debt was incurred	Basis for the claim: AR WITHHOLDING TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address BENJAMIN J CHANDLER 952 SMITH BECKON RD CARSON, WA 98610	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,060.00	\$5,060.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address BETTY A BRAINARD 6512 MARTELL LANE SHEPHERD, MT 59079	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,153.81	\$6,153.81
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.11	Priority creditor's name and mailing address BRITTANY L FERGUSON 1010 ARLINGTON AVE SW BILLINGS, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,000.00	\$5,000.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.12	Priority creditor's name and mailing address BRITTNEY L POWERS 5300 CANVASBACK DR BILLINGS, MT 59106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,418.85	\$8,418.85
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address BUD A BAKER 95 MORELLO LANE MOUNTAIN HOME, AR 72653	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,350.00	\$7,350.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.14	Priority creditor's name and mailing address CALVIN E WALKER 309 ASH LANE HASLET, TX 76052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,093.75	\$6,093.75
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MEADOW LARK AGENCY, INC. <small>Name</small>		Case number (if known)		
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2.15	Priority creditor's name and mailing address CANDACE J TURLEY 1420 SOURDOUGH LN APT 1 BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,252.04	\$2,252.04
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address CARL A RICE P.O. BOX 618 BROADUS, MT 59317	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,240.00	\$6,240.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address CHARITY A TILLERY 9 W 7TH ST PARKERVILLE, MO 64152	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,011.25	\$5,011.25
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address CHRISTOPHER A ROBINSON 395 PALM CASTLE DR PORT ORANGE, FL 32127	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,920.00	\$1,920.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MEADOW LARK AGENCY, INC. <small>Name</small>		Case number (if known)		
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2.19	Priority creditor's name and mailing address CHRISTOPHER E MACKEY 2742 OLD NORCROSS RD LAWRENCEVILLE, GA 30044	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,200.00	\$3,200.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address CHRISTOPHER MOORE 28902 HIGHWAY HH URBANA, MO 65767	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,090.00	\$6,090.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address CHRISTOPHER S FERNANDEZ 34715 CHINABERRY ST WINCHESTER, CA 92596	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,680.00	\$3,680.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address CLYDE DAVID S OGLE 110 GRACE DRIVE CLINTON, TN 37716	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,900.00	\$6,900.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.23	Priority creditor's name and mailing address CODY L SWANSON-FREDRICKSON 2804 ASHLEY PARK DR SPARKS, NV 89434	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,400.00	\$2,400.00
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.24	Priority creditor's name and mailing address CONNOR R ROBINSON 224 CHACO CANYON WAY BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,380.84	\$6,380.84
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.25	Priority creditor's name and mailing address CORY W ELKIN 49 PRAIRIE VIEW DR BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,840.00	\$4,840.00
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.26	Priority creditor's name and mailing address CRYSTAL M ARTHUR 2160 N 9TH RD WORDEN, MT 59088	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,403.85	\$13,403.85
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.27	Priority creditor's name and mailing address DANIEL J BELDEN 372 TARA CIRCLE SHEPHERDSVILLE, KY 40165	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,110.85	\$2,110.85
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Date or dates debt was incurred
OCTOBER 2023

Basis for the claim:
WAGES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.28	Priority creditor's name and mailing address DANIELLE M ROSI 1530 BURLINGTON AVE BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,711.23	\$8,711.23
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Date or dates debt was incurred
OCTOBER 2023

Basis for the claim:
WAGES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.29	Priority creditor's name and mailing address DARRELL L WILKERSON SR 990 ZELLWOOD CIRCLE TALLADEGA, AL 35160	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,920.00	\$1,920.00
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Date or dates debt was incurred
OCTOBER 2023

Basis for the claim:
WAGES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.30	Priority creditor's name and mailing address DAVID J QUARTERMAN 925 DEDMON RD RINGGOLD, GA 30736	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,769.23	\$5,769.23
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Date or dates debt was incurred
OCTOBER 2023

Basis for the claim:
WAGES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.31	Priority creditor's name and mailing address DERICK W GINN 58 LONG BRANCH LANE COLUMBIA, MS 39429	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,200.00	\$4,200.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.32	Priority creditor's name and mailing address ELIZABETH N GOODMAN 30 CALDWELL CIRCLE HAMPTON, GA 30228	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,205.53	\$2,205.53
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.33	Priority creditor's name and mailing address ERIC S WOOLEY 200 THOMAS RD SPRINGTOWN, TX 76082	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,565.00	\$2,565.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.34	Priority creditor's name and mailing address ERIC W ROE 7255 CORPORATE DR APT 1315 HOUSTON, TX 77036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,880.00	\$2,880.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.35 Priority creditor's name and mailing address
ERIN L NOVAK
1509 CLARK AVE
WORDEN, MT 59088

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,108.70 **\$2,108.70**

Date or dates debt was incurred
OCTOBER 2023

Basis for the claim:
WAGES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

2.36 Priority creditor's name and mailing address
**FLORIDA DEPARTMENT OF
REVENUE**
PO BOX 6510
TALLAHASSEE, FL 32314-6510

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$258.77 **\$258.77**

Date or dates debt was incurred

Basis for the claim:
FL UNEMPLOYMENT TAX

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.37 Priority creditor's name and mailing address
**GEORGIA DEPARTMENT OF
REVENUE**
PO BOX 105499
ATLANTA, GA 30348-5499

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$10,420.23 **\$10,420.23**

Date or dates debt was incurred

Basis for the claim:
GA WITHHOLDING TAX

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.38 Priority creditor's name and mailing address
GREG E NEARGARTH
572 ALEXANDER FARMS VIEW
MARIETTA, GA 30064

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,000.00 **\$3,000.00**

Date or dates debt was incurred
OCTOBER 2023

Basis for the claim:
WAGES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.39	Priority creditor's name and mailing address GRISELL MONTENEGRO 10 HICKORY DR BILLINGS, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,670.60	\$3,670.60
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.40	Priority creditor's name and mailing address HALEE N CLARK 745 WALTON RD MONROE, GA 30656	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,500.00	\$2,500.00
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.41	Priority creditor's name and mailing address IAN M DUNLAP 1905 GREENSBURG RD NORTH CANTON, OH 44720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,650.00	\$6,650.00
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.42	Priority creditor's name and mailing address ILLINOIS DEPARTMENT OF REVENUE PO BOX 19002 SPRINGFIELD, IL 62794-9002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$615.51	\$615.51
Date or dates debt was incurred		Basis for the claim: IL WITHHOLDING TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.43	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE OGDEN, UT 84201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$187,810.54	\$187,810.54
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Date or dates debt was incurred

Basis for the claim:
941 TAXES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.44	Priority creditor's name and mailing address JACOB A WADDELL-GRADWOHL 761 TORCH DR BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,376.92	\$2,376.92
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Date or dates debt was incurred
OCTOBER 2023

Basis for the claim:
WAGES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

2.45	Priority creditor's name and mailing address JAIMIE DAVENPORT 1722 PADRE WAY #001 BILLINGS, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,761.83	\$3,761.83
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Date or dates debt was incurred
OCTOBER 2023

Basis for the claim:
WAGES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

2.46	Priority creditor's name and mailing address JANET K SMITH 4331 LEVANG LANE BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,950.00	\$1,950.00
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Date or dates debt was incurred
OCTOBER 2023

Basis for the claim:
WAGES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.47	Priority creditor's name and mailing address JEFFERY R PICKERN 1043 N POMERENE RD BENSON, AZ 85602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,440.00	\$6,440.00
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.48	Priority creditor's name and mailing address JESSICA L STARR 307 7TH STREET WEST B BILLINGS, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,151.44	\$3,151.44
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.49	Priority creditor's name and mailing address JESSICA N HILL DIAZ 7220 PETERSBURG RD FAIRBURN, GA 30213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,873.08	\$3,873.08
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.50	Priority creditor's name and mailing address JHONDER J CAMACHO 161 SANTA CLARA DR NAPLES, FL 34104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,149.28	\$6,149.28
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MEADOW LARK AGENCY, INC. Name		Case number (if known)
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2.51	Priority creditor's name and mailing address JOCELYN BEARCOMESOUT 1611 SAGEBRUSH RD BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,237.93	\$3,237.93
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.52	Priority creditor's name and mailing address JOHN C KESSLER 1290 CALICO DR BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,240.00	\$6,240.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.53	Priority creditor's name and mailing address JOHN E NEWSOME 16095 23RD AVE CLEARLAKE, CA 95422	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,520.00	\$3,520.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.54	Priority creditor's name and mailing address JOHN P JENKINS 232 BILES RD JACKSON, GA 30233	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,400.00	\$4,400.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.55	Priority creditor's name and mailing address JOHN R BILLMAN 353 SOUTH BILLINGS BLVD. BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,893.53	\$5,893.53
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.56	Priority creditor's name and mailing address JONATHAN W MACKIE 856 AHOY AVE BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,968.80	\$1,968.80
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.57	Priority creditor's name and mailing address KENNETH L LONG 3021 INGLESIDE DR APT B HIGH POINT, NC 27265	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,375.00	\$3,375.00
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.58	Priority creditor's name and mailing address KENTUCKY DEPARTMENT OF REVENUE 501 HIGH ST FRANKFORT, KY 40601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,163.88	\$1,163.88
Date or dates debt was incurred		Basis for the claim: KY WITHHOLDING TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MEADOW LARK AGENCY, INC. <small>Name</small>		Case number (if known)		
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2.59	Priority creditor's name and mailing address KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE PO BOX 2003 FRANKFORT, KY 40602-2003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$320.33	\$320.33
	Date or dates debt was incurred	Basis for the claim: KY UNEMPLOYMENT TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.60	Priority creditor's name and mailing address KHAYNEN D GAY 1521 GLACIER PEAK CIRCLE BILLINGS, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,159.95	\$2,159.95
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.61	Priority creditor's name and mailing address KIMBERLY C HART 3911 MOLLY DRIVE SHEPHERD, MT 59079	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,132.31	\$9,132.31
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.62	Priority creditor's name and mailing address KRISTOPHER M SCHAUER 224 CHACO CANYON WAY BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,558.37	\$4,558.37
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MEADOW LARK AGENCY, INC. Name		Case number (if known)
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2.63	Priority creditor's name and mailing address KYLIE R LEEPER 2022 ST JOHNS AVE APT A22 BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,034.70	\$3,034.70
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.64	Priority creditor's name and mailing address LAUREN E OLABY 3285 CANYON DR BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,846.15	\$1,846.15
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.65	Priority creditor's name and mailing address LAVETTE D SANDERS 12200 HWY 90 MOSS POINT, MS 39562	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,851.02	\$0.00
	Date or dates debt was incurred	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.66	Priority creditor's name and mailing address LEE V HOBLITZELL 1205 N. PING CIR BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,400.00	\$2,400.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.67	Priority creditor's name and mailing address LISA I HOWE 3335 DOVER LN BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,950.96	\$8,950.96
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.68	Priority creditor's name and mailing address LOGAN W SPOONEMORE 225 ASHLEY CT N BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,276.01	\$4,276.01
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.69	Priority creditor's name and mailing address LORI P GRIFFIN 624 TWILIGHT DR BILLINGS, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,625.12	\$7,625.12
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.70	Priority creditor's name and mailing address LUKE A ROSS 6839 DEERWOOD DR HARRISON, TN 37341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,692.31	\$2,692.31
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MEADOW LARK AGENCY, INC. <small>Name</small>		Case number (if known)		
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2.71	Priority creditor's name and mailing address LYNNETTE R BAISCH 1106 PRIMROSE DR BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,530.17	\$5,530.17
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.72	Priority creditor's name and mailing address MAKAYLA S LEWIS 712 OASIS DR BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$170.00	\$170.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.73	Priority creditor's name and mailing address MARK A PAYNE 1508 14TH ST APT 2 WICHITA FALLS, TX 76301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,920.00	\$1,920.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.74	Priority creditor's name and mailing address MARTHA B CORKISH 3221 BANFF AVE #4 BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,202.88	\$4,202.88
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.75	Priority creditor's name and mailing address MICHAEL C DINKINS 2321 ROCK CREEK DR MARIETTA, GA 30064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,399.04	\$9,399.04
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.76	Priority creditor's name and mailing address MICHAEL C MOTES 110 CARROUSEL DRIVE CENTRAL, SC 29630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,400.00	\$4,400.00
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.77	Priority creditor's name and mailing address MICHAEL J KANDAS 977 SENORA BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$28,942.31	\$15,150.00
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.78	Priority creditor's name and mailing address MICHAEL L GINGERICH 2312 ACORN WAY MONROE, GA 30656	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,296.15	\$5,296.15
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.79	Priority creditor's name and mailing address MICHAEL R COTTRILL 725 JULIA LANE LAFAYETTE, IN 47905	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,920.00	\$1,920.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.80	Priority creditor's name and mailing address MICHAEL R LAFRENIERE 2022 ST JOHNS AVE APT A22 BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,615.38	\$1,615.38
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.81	Priority creditor's name and mailing address MICHAEL R RUTH 313 ROSE BUD LANE HOLLY RIDGE, NC 28445	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,380.00	\$3,380.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.82	Priority creditor's name and mailing address MICHAEL R SCHULTZ 2915 CUSTER AVE BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,914.00	\$4,914.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.83	Priority creditor's name and mailing address MICHAEL S MAPSTONE 518 MACKENZIE CIRCLE SAINT AUGUSTINE, FL 32092	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$219.47	\$219.47
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.84	Priority creditor's name and mailing address MICHELLE L BORSUM 672 LAKE HILLS PL BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,692.31	\$15,150.00
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.85	Priority creditor's name and mailing address MICHIGAN DEPARTMENT OF TREASURY PO BOX 30427 LANSING, MI 48909	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$615.42	\$615.42
Date or dates debt was incurred		Basis for the claim: MI WITHHOLDING TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.86	Priority creditor's name and mailing address MICKI M MUGGERUD 4453 LOMA VISTA DR BILLINGS, MT 59106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,914.40	\$1,914.40
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.87 Priority creditor's name and mailing address
**MINNESOTA UNEMPLOYMENT
INSURANCE
PO BOX 4629
SAINT PAUL, MN 55101**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$104.71 **\$104.71**

Date or dates debt was incurred

Basis for the claim:
MN UNEMPLOYMENT TAX

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

☒ No

☐ Yes

2.88 Priority creditor's name and mailing address
**MISSOURI DEPARTMENT OF
REVENUE
PO BOX 999
JEFFERSON CITY, MO 65108-0999**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,660.00 **\$1,660.00**

Date or dates debt was incurred

Basis for the claim:
MO WITHHOLDING TAX

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

☒ No

☐ Yes

2.89 Priority creditor's name and mailing address
**MONTANA DEPARTMENT OF
REVENUE
P.O. BOX 6309
HELENA, MT 59604**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$24,635.00 **\$24,635.00**

Date or dates debt was incurred

Basis for the claim:
MT WITHHOLDING TAX

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

☒ No

☐ Yes

2.90 Priority creditor's name and mailing address
**MONTANA DEPT OF REVENUE
BANKRUPTCY SPECIALIST
PO BOX 7701
HELENA, MT 59604-7701**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:
TAXES

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

☒ No

☐ Yes

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.91	Priority creditor's name and mailing address MONTANA UNEMPLOYMENT INSURANCE PO BOX 6339 HELENA, MT 59604-6339	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,397.15	\$9,397.15
Date or dates debt was incurred		Basis for the claim: MT UNEMPLOYMENT TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.92	Priority creditor's name and mailing address NEVADA DEPARTMENT OF EMPLOYMENT TRAINING & REHABILITATION 500 E THIRD ST CARSON CITY, NV 89713-0030	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$390.00	\$390.00
Date or dates debt was incurred		Basis for the claim: NV UNEMPLOYMENT TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.93	Priority creditor's name and mailing address NIKKI L BESSETTE 2142 ALDERSON AVE BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,425.08	\$11,425.08
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.94	Priority creditor's name and mailing address NORMAN C FREE 5929 ELLAND HGTS RD MURRAYVILLE, GA 30564	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,317.57	\$3,317.57
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.95	Priority creditor's name and mailing address NORTH CAROLINA DEPARTMENT OF REVENUE PO BOX 25000 RALEIGH, NC 27640-0640	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,878.00	\$2,878.00
Date or dates debt was incurred		Basis for the claim: NC WITHHOLDING TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.96	Priority creditor's name and mailing address NORTH CAROLINA DIVISION OF EMPLOYMENT SECURITY PO BOX 25903 RALEIGH, NC 27611-5903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,494.07	\$1,494.07
Date or dates debt was incurred		Basis for the claim: NC UNEMPLOYMENT TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.97	Priority creditor's name and mailing address OHIO DEPARTMENT OF TAXATION PO BOX 182215 COLUMBUS, OH 43218-2215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,015.53	\$1,015.53
Date or dates debt was incurred		Basis for the claim: OH WITHHOLDING TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.98	Priority creditor's name and mailing address OKLAHOMA TAX COMMISSION 2501 N LINCOLN BLVD OKLAHOMA CITY, OK 73194	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,046.00	\$1,046.00
Date or dates debt was incurred		Basis for the claim: OK WITHHOLDING TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.99	Priority creditor's name and mailing address PATRICK A LONG 815 TERRY AVE BILLINGS, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,774.55	\$3,774.55
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.100	Priority creditor's name and mailing address PATRICK C PICAZIO 4521 PHILLIP ST BILLINGS, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,907.09	\$7,907.09
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.101	Priority creditor's name and mailing address PATRICK M KELLY 3127 DARLINGTON RD HOLIDAY, FL 34691	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,476.50	\$3,476.50
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.102	Priority creditor's name and mailing address PAYTON M ROTH 2720 HUMMINGBIRD WAY BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$408.00	\$408.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

2.103 Priority creditor's name and mailing address
**PENNSYLVANIA DEPARTMENT
OF REVENUE
PO BOX 280404
HARRISBURG, PA 17128-0404**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$819.23 **\$819.23**

Date or dates debt was incurred

Basis for the claim:
PA WITHHOLDING TAX

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

☒ No
☐ Yes

2.104 Priority creditor's name and mailing address
**RICHARD W SCHMITH
2308 S MOCKINGBIRD CIRCLE
APT 2
SIOUX FALLS, SD 57104**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,370.00 **\$4,370.00**

Date or dates debt was incurred
OCTOBER 2023

Basis for the claim:
WAGES

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No
☐ Yes

2.105 Priority creditor's name and mailing address
**ROGER D GILLIS JR
432 5TH ST
AINSWORTH, IA 52201**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,640.00 **\$3,640.00**

Date or dates debt was incurred
OCTOBER 2023

Basis for the claim:
WAGES

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No
☐ Yes

2.106 Priority creditor's name and mailing address
**RONALD E RADKE
21371 BALDWIN LN
CALIFORNIA CITY, CA 93505**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,050.00 **\$4,050.00**

Date or dates debt was incurred
OCTOBER 2023

Basis for the claim:
WAGES

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No
☐ Yes

Debtor	MEADOW LARK AGENCY, INC. <small>Name</small>	Case number (if known)	
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2.107	Priority creditor's name and mailing address RONALD L GILLIAM 5429 COUNTRY VILLAGE DR OOLTEWAH, TN 37363	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,153.85	\$4,153.85
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.108	Priority creditor's name and mailing address RYAN R MCGUIRE 1251 CALICO AVE BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,021.80	\$8,021.80
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.109	Priority creditor's name and mailing address RYAN W SPOONEMORE 225 ASHLEY CT N BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,736.92	\$7,736.92
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.110	Priority creditor's name and mailing address SAM H THOMAS 2222 S NOCHE DE PAZ MESA, AZ 85202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,120.00	\$3,120.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MEADOW LARK AGENCY, INC. <small>Name</small>		Case number (if known)
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2.111	Priority creditor's name and mailing address SAMUEL R BOCHY 1356 SPUR LANE BILLINGS, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,846.15	\$3,846.15
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.112	Priority creditor's name and mailing address SANDEE R KANDAS 977 SENORA AVE BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$690.00	\$690.00
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.113	Priority creditor's name and mailing address SHANE M BRYSON 2121 CUSTER AVE BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,471.06	\$6,471.06
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.114	Priority creditor's name and mailing address SHERYL A GANTOIS LOPEZ 642 MAJERUS RD ROUNDUP, MT 59072	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,192.58	\$2,192.58
	Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MEADOW LARK AGENCY, INC. <small>Name</small>		Case number (if known)		
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2.115	Priority creditor's name and mailing address SOUTH CAROLINA DEPARTMENT OF REVENUE 300A OUTLET POINTE BLVD COLUMBIA, SC 29210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,730.84	\$1,730.84
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: SC WITHHOLDING TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.116	Priority creditor's name and mailing address STACEY M COLLETT 2015 CUSTER AVENUE BILLINGS, MT 59102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,760.00	\$14,760.00
	Date or dates debt was incurred OCTOBER 2023 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: WAGES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.117	Priority creditor's name and mailing address STEPHAN A GARCIA 10627 CHESTERFIELD ADELANTO, CA 92301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,380.00	\$3,380.00
	Date or dates debt was incurred OCTOBER 2023 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: WAGES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.118	Priority creditor's name and mailing address THOMAS X DAHINDEN 2545 LAKE HEIGHTS BILLINGS, MT 59105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,797.91	\$3,797.91
	Date or dates debt was incurred OCTOBER 2023 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: WAGES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.119	Priority creditor's name and mailing address TINA BUCKLER 859 THORNWOOD DR BARBERTON, OH 44203	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,451.92	\$2,451.92
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.120	Priority creditor's name and mailing address TRICIA E BURKE 3735 FULL MOON DR BILLINGS, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,162.50	\$14,162.50
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.121	Priority creditor's name and mailing address ULISES MARTINEZ 4730 FAIRMOUNT ST APT 2317 DALLAS, TX 75219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,120.00	\$3,120.00
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.122	Priority creditor's name and mailing address VICKI G HENSLEY 1817 ROSEDALE DR EDMOND, OK 73013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,587.38	\$1,587.38
Date or dates debt was incurred OCTOBER 2023		Basis for the claim: WAGES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known)
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2.123	Priority creditor's name and mailing address YOUSSOUPHA KANE 205 SHANE CREEK RD COLUMBUS, MT 59019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,537.01	\$5,537.01
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Date or dates debt was incurred OCTOBER 2023	Basis for the claim: WAGES
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Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address 015 LOGISTICS INC 2130 MEADOW LN APT 9 SCHERERVILLE, IN 46375 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
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3.2	Nonpriority creditor's name and mailing address 1 RELIABLE TRANSPORTATION INC 137 LODI STREET HACKENSACK, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.00
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3.3	Nonpriority creditor's name and mailing address 2039322 ONTARIO INC O/A NORTHLINE 230 SANDALWOOD PKY, BRAMPTON, ON L6z1r3 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
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3.4	Nonpriority creditor's name and mailing address 2215 LITHONIA LLC C/O JADIAN IOS 4 STAR POINT, SUITE 204 STAMFORD, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEASE AGREEMENT FOR REAL PROPERTY LOCATED AT 6523 MARBUT ROAD, STONECREST, GEORGIA Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.5	Nonpriority creditor's name and mailing address 2260243 ONTARIO INC DBA TRIPLE GOLD TRUC 7 CIVET STREET BRAMPTON, ON L6r3e6 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
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Debtor **MEADOW LARK AGENCY, INC.**
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3.6	Nonpriority creditor's name and mailing address 3 ROCKS BIGFORK LLC 439 GRAND DR # 176 BIGFORK, MT 59911 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00
3.7	Nonpriority creditor's name and mailing address 3XD LLC 74 WESTGRILL DR PALM COAST, FL 32614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
3.8	Nonpriority creditor's name and mailing address 4 STAR TRANSPORT 3026 S INDIANA AVE BROWNSVILLE, TX 78521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
3.9	Nonpriority creditor's name and mailing address 4D TRANSPORTATION INC 158 MOORMAN RD AMITY, AR 71921 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	Nonpriority creditor's name and mailing address 4US CORP 4620 E 53RD ST WHEELING, IL 52807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
3.11	Nonpriority creditor's name and mailing address 5 STARR SOLUTIONS INC 7000 MERRILL AVE #7 CHINO, CA 91710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.00
3.12	Nonpriority creditor's name and mailing address 5 STATES TOWING AND RECOVERY INC 6740 HWY 10 NW STE 104 RAMSEY, MN 55303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00

Debtor **MEADOW LARK AGENCY, INC.**
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3.13	Nonpriority creditor's name and mailing address 5TH WHEEL LOGISTICS 346 STONE HILL DR BRENHAM, TX 77833 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,750.00</u>
3.14	Nonpriority creditor's name and mailing address 6513701 CANADA INC 1325 JALNA BLVD LONDON, ON N6e2w8 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,650.00</u>
3.15	Nonpriority creditor's name and mailing address 74 CARRIER LLC 2103 BEVERLY WAY LAS VEGAS, NV 89104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,900.00</u>
3.16	Nonpriority creditor's name and mailing address 9429328 CANADA INC 3006 SINCLAIR STREET WINNIPEG, MB R2V4K8 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
3.17	Nonpriority creditor's name and mailing address A & S TRUCKING LLC 29222 LYON OAKS DR WIXOM, MI 48393 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$900.00</u>
3.18	Nonpriority creditor's name and mailing address A N T HAULIN LLC 5244 EDEN CHURCH RD LOUISVILLE, GA 30434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,600.00</u>
3.19	Nonpriority creditor's name and mailing address A TO Z TRUCKING LLC 2917 CAROLINE ST ST LOUIS, MO 63104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,200.00</u>

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
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3.20	Nonpriority creditor's name and mailing address A&B TRUCKING SERVICES LLC PO BOX 74887 BATON ROUGE, LA 70817 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.21	Nonpriority creditor's name and mailing address A-1 TRANSPORTATION SERVICE LLC 172 W 9400 S SANDY, UT 84070 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.22	Nonpriority creditor's name and mailing address A-PLUS PROFESSIONAL TRANSPORT LLC 466 ROCKVILLE RD MONCKS CORNER, SC 29461 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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3.23	Nonpriority creditor's name and mailing address A.G. TURNER LLC 5261 WEST HILLIS ROAD STANTON, MI 48888 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.24	Nonpriority creditor's name and mailing address A2B SERVICES LLC 4813 EDDLEMAN DR FORT WORTH, TX 76244 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
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3.25	Nonpriority creditor's name and mailing address AAMODT INC 66776 HWY 2 BONNERS FERRY, ID 83805 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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3.26	Nonpriority creditor's name and mailing address AARON XPRESS INC 14 WINTERCRESS CIR BRAMPTON, ON L6R2K2 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

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3.27	Nonpriority creditor's name and mailing address ABMERE INC 12754 MAGNOLIA ST BLAKELY, GA 39823 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,300.00
3.28	Nonpriority creditor's name and mailing address ABRAM EXPEDITED LLC 2763 WATERWAY DRIVE GRAND PRAIRIE, TX 75054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.29	Nonpriority creditor's name and mailing address ACCIDENT FUND INSURANCE COMPANY OF AMERI PO BOX 734928 CHICAGO, IL 60673-4928 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.30	Nonpriority creditor's name and mailing address ACCURA TRUCKING LLC 2285 SPRINGER WALK LAWRENCEVILLE, GA 30043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,950.00
3.31	Nonpriority creditor's name and mailing address ACK TRANS INCORPORATION 13015 TRINA DR PHILADELPHIA, PA 19116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.32	Nonpriority creditor's name and mailing address AD ASTRA ALLIANCE LLC 100 WABASH WAY UNIT 202 WHEELING, IL 60090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.33	Nonpriority creditor's name and mailing address ADAL TRANSPORT LLC 124 W PIONEER PKWY SUITE 140 ARLINGTON, TX 76010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
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3.34	Nonpriority creditor's name and mailing address ADICA TRUCKING COMPANY LLC 20601 TROLLEY INDUSTRIAL DRIVE TAYLOR, MI 48180 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,400.00</u>
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3.35	Nonpriority creditor's name and mailing address ADRIA FREIGHT INC DBA BOCA FREIGHT 27 S HOWARD AVE STE C ROSELLE, IL 60172 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,011.00</u>
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3.36	Nonpriority creditor's name and mailing address AERO TRUCKS LLC 14015 ASHLAND LANDING DR CYPRESS, TX 77429 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,600.00</u>
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3.37	Nonpriority creditor's name and mailing address AESIR TRANSPORT INC 7765 SW PETERS RD PORTLAND, OR 97224 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,000.00</u>
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3.38	Nonpriority creditor's name and mailing address AG EXPEDITED INC 312 PARK AVE #85 CARENDON HILLS, IL 60514 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,150.00</u>
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3.39	Nonpriority creditor's name and mailing address AGRI HAULING ASSOCIATES LLC 763 GROVE RD MORRISON, TN 37357 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
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3.40	Nonpriority creditor's name and mailing address AGS FREIGHT INCORPORATED 391 WESTWOOD DRIVE STEUBENVILLE, OH 43953 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
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3.41	Nonpriority creditor's name and mailing address AHUMADA'S HOTSHOT LLC 2327 SUNNY DR HOUSTON, TX 77093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,700.00</u>
3.42	Nonpriority creditor's name and mailing address AIB INC 866 THOMAS DRIVE BENSENVILLE, IL 60106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,200.00</u>
3.43	Nonpriority creditor's name and mailing address AIR CAPITOL DELIVERY & WAREH 5841 N PROSPECT ROAD PARK CITY, KS 67204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.44	Nonpriority creditor's name and mailing address AJ LOGISTICS 615 E AFTON LA MESA, NM 88044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,600.00</u>
3.45	Nonpriority creditor's name and mailing address AJN TRUCKING LLC 14100 E 106TH ST N APT 2011 OWASSO, OK 74055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.46	Nonpriority creditor's name and mailing address AK ON-TIME TRUCKING LLC 625 MORNINGSIDE DR N STOCKBRIDGE, GA 30281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$700.00</u>
3.47	Nonpriority creditor's name and mailing address AKR CARRIERS INCORPORATED 860 PONTIAC CT APT 1018 AURORA, IL 60502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,200.00</u>

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3.48	Nonpriority creditor's name and mailing address ALABAMA MOTOR EXPRESS INC PO BOX 487 ASHFORD, AL 36312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$950.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address ALEXANDER, WINTON & ASSOCIATES INC KIM HART 8804 CAROMA STREET STE 160 OLIVE BRANCH, MS 38654 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NOTICE ONLY FOR MISC. CARRIERS LISTED IN CHAPTER 7 BANKRUPTCY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address ALINOR EXPRESS LLC 108 OREGON TRL APT 3 LEXINGTON, NE 68850 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,050.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address ALL STATE INC 5285 NATORP BLVD APT 207 MASON, OH 45040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address ALL STATE TRANS EXPRESS, LLC 3915 LAWNWOODS DRIVE DES MOINES, IA 50310 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,850.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address ALLSTAR TRANSPORTATION SERVICES LLC 4946 ATWATER DR NORTH PORT, FL 34288 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address ALLWAY EXPRESS INC 4726 PRIVATE ROAD 5127 WILLOW SPRINGS, MO 65793 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address ALPHALOGIX TRUCKING LLC 1010 LEE CIR SAN CARLOS, TX 78539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
3.56	Nonpriority creditor's name and mailing address ALQOSH TRANSPORTATION INC 322 IONE WAY EL CAJON, CA 92020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,450.00
3.57	Nonpriority creditor's name and mailing address ALSCO PO BOX 30496 BILLINGS, MT 59107-0496 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.51
3.58	Nonpriority creditor's name and mailing address ALVER EXPRESS INC 91 ARGUS ST # 91 BUFFALO, NY 14207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,800.00
3.59	Nonpriority creditor's name and mailing address AM MILES LLC 16341 SW 145TH CT MIAMI, FL 33177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
3.60	Nonpriority creditor's name and mailing address AMEEN TRANSPORT INC 6742 W 113TH PL WORTH, IL 60482 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
3.61	Nonpriority creditor's name and mailing address AMERIPOL STAFFING LLC 650 NE 32ND ST, SUITE 5103 MIAMI, FL 33137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00

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3.62	Nonpriority creditor's name and mailing address AMP HAULING INC 731 PEARL CIR BRANDON, FL 33510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,100.00</u>
3.63	Nonpriority creditor's name and mailing address AMT TRANSPORT INC 25328 SCOTT RD PLAINFIELD, IL 60544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,750.00</u>
3.64	Nonpriority creditor's name and mailing address ANDRUKH LOGISTICS INC 615 WESTWOOD CT WHEELING, IL 60090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,000.00</u>
3.65	Nonpriority creditor's name and mailing address ANDRUS TRANSPORTATION SERVICES P O BOX 35143 SEATTLE, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,375.00</u>
3.66	Nonpriority creditor's name and mailing address ANGELS TRUCKING LLC 2250 WEST 155TH PLACE BROOMFIELD, CO 80023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$700.00</u>
3.67	Nonpriority creditor's name and mailing address ANSONIA CREDIT DATA PO BOX 71221 CHARLOTTE, NC 28272-1221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,391.25</u>
3.68	Nonpriority creditor's name and mailing address APACHE LOGISTICS INC 1121 OTTAWA BEACH RD SUITE 240 HOLLAND, MI 49424 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,620.00</u>

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3.69	Nonpriority creditor's name and mailing address APROVERBS LIMITED LIABILITY COMPANY 2201 QUANAH PARKER TRL AUSTIN, TX 78734 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.70	Nonpriority creditor's name and mailing address AQ TRUCKING LLC 3924 N SMEDLEY ST PHILADELPHIA, PA 19140 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
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3.71	Nonpriority creditor's name and mailing address AR CARRIERS INC 10624 PROVINCIAL DR APT E MANASSAS, VA 20109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.72	Nonpriority creditor's name and mailing address ARION FREIGHT LLC 1300 SW CAMPUS DRIVE#29-2 FEDERAL WAY, WA 98003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.73	Nonpriority creditor's name and mailing address ARL TRANSPORT DBA ARL PO BOX 809374 CHICAGO, IL 60631 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.74	Nonpriority creditor's name and mailing address ARM LINES INC 2912 PORTSMITH CT NAPERVILLE, IL 60564 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00
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3.75	Nonpriority creditor's name and mailing address ARNOLD TRANSPORTATION SERVIC 3375 HIGH PRAIRIE ROAD GRAND PRAIRIE, TX 75050 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.76	Nonpriority creditor's name and mailing address ART PAPE TRANSFER DBA TUCKER FREIGHT LIN 1080 EAST 12TH STREET DUBUQUE, IA 52001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,300.00
3.77	Nonpriority creditor's name and mailing address ARTHUR SMITH TRUCKING PO BOX 41 COUDERSPORT, PA 16195 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,426.00
3.78	Nonpriority creditor's name and mailing address ASAP TRANSPORT LLC 504 EVERGREEN DR GRETN, LA 70053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,950.00
3.79	Nonpriority creditor's name and mailing address ASCON GROUP INC 2413 GEORGETOWN CIR AURORA, IL 60503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00
3.80	Nonpriority creditor's name and mailing address ATA TRUCKING INC 6012 BUTONBUSH DR TIP CITY, OH 45371 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00
3.81	Nonpriority creditor's name and mailing address ATLANTIC COAST CARRIERS, INC P O BOX 820 HAZLEHURST, GA 31539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,450.00
3.82	Nonpriority creditor's name and mailing address ATLASIB INC DBA ROUTE ONE SPECIALIZED 202 CHRISTINA DR DUNDEE, IL 60118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.83	Nonpriority creditor's name and mailing address ATTEBERRY ENTERPRISES, LLC 14058 HWY J CONWAY, MO 65632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
3.84	Nonpriority creditor's name and mailing address AUSTIN AND LESLIE FELICH DBA THE FELICH AGENCY 150 43RD AVENUE SAINT PETERSBURG, FL 33706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AGENT CONTRACT TRANSPORTATION SERVICES AGREEMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.85	Nonpriority creditor's name and mailing address AVALON EXPRESS INC 32453 64 TH AVE WAY CANNON FALLS, MN 55009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.86	Nonpriority creditor's name and mailing address AVELINO VIP TRANSPORT LLC 4709 EVERGLADES CIRCLE KISSIMME, FL 75034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,300.00
3.87	Nonpriority creditor's name and mailing address AVIS RENT A CAR SYSTEMS INC 7876 COLLECTIONS CENTER DR CHICAGO, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,501.64
3.88	Nonpriority creditor's name and mailing address AVP EXPRESS LLC 2886 VISTA CT UNIONTOWN, OH 98607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.89	Nonpriority creditor's name and mailing address AVTOMEDON LLC 1389 HAZEL GREEN DRIVE FRISCO, TX 75034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,100.00

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3.90	Nonpriority creditor's name and mailing address AXON LLC 12 NE 15TH AVE BATTLE GROUND, WA 98604 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$350.00</u>
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3.91	Nonpriority creditor's name and mailing address AYAZ TRANSPORTATION SERVICES LLC 623 BRIGHT PENNY LN HOUSTON, TX 77013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,700.00</u>
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3.92	Nonpriority creditor's name and mailing address AZ TRANSPORT INC 6704 HOLLYTREE CIRCLE TYLER, TX 75703 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,200.00</u>
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3.93	Nonpriority creditor's name and mailing address B & B TRUCKING INC OF MINNESOTA 1737 240TH AVE GRANADA, MN 56039 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
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3.94	Nonpriority creditor's name and mailing address B & C MARATHON TRANSPORTATIO 522 196TH DR NW ELK RIVER, MN 55330 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,750.00</u>
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3.95	Nonpriority creditor's name and mailing address B & K TRUCKING 130734 COUNTY ROAD N MARATHON, WI 54448 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
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3.96	Nonpriority creditor's name and mailing address B & L STEWART ENTERPRISES LLC PO BOX 6071 CHANDLER, AZ 85043 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,350.00</u>
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3.97	Nonpriority creditor's name and mailing address B POWER EXPRESS LLC 8049 JANES AVE APT H WOODRIDGE, IL 60517 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
3.98	Nonpriority creditor's name and mailing address B TRANS, INC. 8901 WINDING VALLEY DR FORT WORTH, TX 76179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
3.99	Nonpriority creditor's name and mailing address BAAZ FREIGHT LINES LLC 250 EATON RIDGE DR APT 206 NORTHFIELD, OH 44067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.100	Nonpriority creditor's name and mailing address BALL BROTHERS PRODUCE L.C. PO BOX 69 LEWISVILLE, ID 83431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.101	Nonpriority creditor's name and mailing address BALLARD FOREST TRANSPORT INC P O BOX 222 HOMER, GA 30547 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.102	Nonpriority creditor's name and mailing address BARLOW TRANSPORT LLC P O BOX 539 WEWAHITCHKA, FL 64448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
3.103	Nonpriority creditor's name and mailing address BARNHART TRANSPORTATION PO BOX 247 HARBORCREEK, PA 16428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.00

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Name

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3.104	Nonpriority creditor's name and mailing address BARROW LOGISTICS LLC 2500 STATE HWY 121 APT# 334 EULESS, TX 76053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
3.105	Nonpriority creditor's name and mailing address BAYOU DRAGON TRANSPORT, LLC P O BOX 156 METAIRIE, LA 70121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.106	Nonpriority creditor's name and mailing address BDQ LOGISTICS INC 6236 HARVEY WAY SAN GABRIEL, CA 91775 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
3.107	Nonpriority creditor's name and mailing address BEACON TRANSPORT SERVICES IN PO BOX 57629 CHICAGO, IL 60613 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
3.108	Nonpriority creditor's name and mailing address BECKER TRUCKING LLC 27838 CR 321 CARROLLTON, MO 64633 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.109	Nonpriority creditor's name and mailing address BEEMAC TRUCKING PO BOX 6315 HERMITAGE, PA 15003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.110	Nonpriority creditor's name and mailing address BEE MOL FREIGHT COMPANY 1014 N PLUM ROAD UNIT # 103 SCHAUMBURG, IL 60173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,750.00

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3.111	Nonpriority creditor's name and mailing address BELLA FREIGHT LLC 1535 PECAN PLACE CIRCLEVILLE, OH 45601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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3.112	Nonpriority creditor's name and mailing address BENESCH, FRIEDLANDER, COPLAN & ARONOFF L 127 PUBLIC SQUARE #4900 CLEVELAND, OH 44114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ATTORNEY FEES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,434.50
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3.113	Nonpriority creditor's name and mailing address BERGMAN TRUCKING INC 889 CO RD 12 ITHACA, NE 68033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
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3.114	Nonpriority creditor's name and mailing address BEST EXPRESS TRANSPORTATION, LLC DBA BES 1741 CHERRINGTON EL PASO, TX 79928 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,880.00
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3.115	Nonpriority creditor's name and mailing address BEST TRANSIT LLC 228 LINDENWOOD AVE MELISSA, TX 75071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116	Nonpriority creditor's name and mailing address BETA FREIGHT INC 5641 N MENARD AVE 2ND FLOOR CHICAGO, IL 60540 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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3.117	Nonpriority creditor's name and mailing address BETISO KALLO DBA ZED EXPRESS LLC 1400 ANCHOR DR WYLIE, TX 75098 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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3.118	Nonpriority creditor's name and mailing address BETWEEN THE DITCHES LLLP 4300 DERBYSHIRE TRCE SE CONYERS, GA 30094 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
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3.119	Nonpriority creditor's name and mailing address BFT INC PO BOX 4040 OMAHA, NE 68127 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,850.00
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3.120	Nonpriority creditor's name and mailing address BH TRANS, INC. 2280 HICKS RD UNIT 508 ROLLING MEADOWS, IL 60008 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121	Nonpriority creditor's name and mailing address BHAJ TRANSPORT INC 2346 S LYNHURST DR SUITE 510 INDIANAPOLIS, IN 46143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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3.122	Nonpriority creditor's name and mailing address BICHRI FREIGHT LLC 4105 PARK TRAIL POINT ANTIOCH, TN 37013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
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3.123	Nonpriority creditor's name and mailing address BIG COUNTRY TRUCKING INC 7075 W GOWAN RD APT 2012G LAS VEGAS, NV 89129 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
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3.124	Nonpriority creditor's name and mailing address BIG EXPRESS INC 1790 HAWTHORNE COURT ROMEIOVILLE, IL 60446 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
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3.125	Nonpriority creditor's name and mailing address BIG HORN EXPRESS TRUCKING, LLC 1205 WHEELERS RIDGE RD BEDFORD, VA 24523 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
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3.126	Nonpriority creditor's name and mailing address BIG M TRUCKING INC 3863 COUNTY ROAD 60 EUTAW, AL 35453 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,650.00</u>
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3.127	Nonpriority creditor's name and mailing address BIG MEN TRUCKING LLC 9824 MATZON RD MIDDLE RIVER, MD 21219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,800.00</u>
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3.128	Nonpriority creditor's name and mailing address BIG WORM TRANSPORT LLC 740 ELK COVE CT NW KENNESAW, GA 30171 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
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3.129	Nonpriority creditor's name and mailing address BIRCA TRANSPORTATION INC 7920 W 108TH ST PALOS HILLS, IL 60465 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,050.00</u>
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3.130	Nonpriority creditor's name and mailing address BISHOP FREIGHT SERVICE 6405 STONEY CREEK PASADENA, TX 77503 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$500.00</u>
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3.131	Nonpriority creditor's name and mailing address BLACK EAGLE TRANSPORTATION LLC 7518 COVE WAY SAN ANTONIO, TX 78247 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,950.00</u>
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
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3.132	Nonpriority creditor's name and mailing address BLACK STAR TRANSPORT INC 7376 HUNTINGTON SQUARE LN APT 211 CITRUS HTS, CA 95621 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
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3.133	Nonpriority creditor's name and mailing address BLINKHORN LOGISTICS LLC 7587 JOSHUA TRCE CANAL WNCSTR, OH 43110 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,060.00
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3.134	Nonpriority creditor's name and mailing address BLUE HORSE TRUCKING LTD 50 REDSTONE RD NE CALGARY, AB T2C 4T9 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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3.135	Nonpriority creditor's name and mailing address BLUE ROSE TRANSPORTATION INC 1100 OHLTOWN MCDONALD ROAD MINERAL RIDGE, OH 44440 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00
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3.136	Nonpriority creditor's name and mailing address BLUESTAR SERVICES LLC P.O. BOX 72847 ROSELLE, IL 60162 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.137	Nonpriority creditor's name and mailing address BMB EXPRESS LLC 3900 AVENUE I APT 102 BIRMINGHAM, AL 35242 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.00
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3.138	Nonpriority creditor's name and mailing address BMS TRANSPORTATION LLC 5349 ROOSEVELT AVE PORT ARTHUR, TX 77640 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

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3.139	Nonpriority creditor's name and mailing address BMT TRANSPORT LLC 9737 AMBERTON PKWY APT 1051 DALLAS, TX 75115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
3.140	Nonpriority creditor's name and mailing address BOGG EXPRESS LLC 7577 CENTRAL PARKE BLVD 129 MASON, OH 45040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.141	Nonpriority creditor's name and mailing address BOGGSTRUCKING LLC 228 COUNTRY RD BELTON, SC 29627 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.142	Nonpriority creditor's name and mailing address BOLDS TRANSPORT LLC 4111 DOMENIQUE LANE FLORISSANT, MO 63042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,850.00
3.143	Nonpriority creditor's name and mailing address BOMBAY TRANSPORT INCORPORATED 22280 LOST BRANCH CIR ASHBURN, VA 20166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,300.00
3.144	Nonpriority creditor's name and mailing address BORDERLINE LOGISTICS LLC 413 MOUNT EVEREST DR RIO GRANDE CY, TX 78582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,100.00
3.145	Nonpriority creditor's name and mailing address BOT TRANSPORT INC 9800 BOSTON RD N ROYALTON, OH 44133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00

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3.146	Nonpriority creditor's name and mailing address BOTTOM LINE CONCEPTS 3323 NE 163RD ST SUITE 302 NORTH MIAMI BEACH, FL 33160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.147	Nonpriority creditor's name and mailing address BOUIE TRANSPORTATION INC 20300 NE 3RD CT MIAMI, FL 33179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,950.00
3.148	Nonpriority creditor's name and mailing address BOWERMAN TRUCKING INC 180 LEE LN SEARCY, AR 72143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00
3.149	Nonpriority creditor's name and mailing address BOYD BROS TRANSPORTATION INC 3275 HIGHWAY 30 CLAYTON, AL 36016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,425.00
3.150	Nonpriority creditor's name and mailing address BR TRANSPORTATION LLC 8823 IROQUOIS DR SAINT LOUIS, MO 63126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
3.151	Nonpriority creditor's name and mailing address BRAMOVIX LLC 9904 ALOE CT ODESSA, TX 79765 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.152	Nonpriority creditor's name and mailing address BREEZE TRANSPORTATION LLC 5451 ELKHORN INDIANAPOLIS, IN 46217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00

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3.153	Nonpriority creditor's name and mailing address BRIAN E SMITH DBA SMITH FIRST TRUCKING RR 61 BOX 7250 MACOMB, MO 65702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.00
3.154	Nonpriority creditor's name and mailing address BRIGGS TRANSIT, LLC 9249 TORREY RD WILLIS, MI 48174 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
3.155	Nonpriority creditor's name and mailing address BRISTOL EXPRESS INC 7402 BRISTOL PIKE LEVITTOWN, PA 19057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.156	Nonpriority creditor's name and mailing address BROCKWOOD TRUCKING LLC PO BOX 136 VOLIN, SD 57032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$775.00
3.157	Nonpriority creditor's name and mailing address BROOKHILL LLC 2206 BROOKHILL RD DOTHAN, AL 36301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
3.158	Nonpriority creditor's name and mailing address BROOMFIELD TRANSPORT LLC 21227 KNIGHT QUEST DR TOMBALL, TX 77375 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
3.159	Nonpriority creditor's name and mailing address BRUCKNER LEASING COMPANY AKA MACK LEASING SYSTEM 9471 E. INTERSTATE 40 AMARILLO, TX 79118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GUARANTOR OF EQUIPMENT LOAN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.160	Nonpriority creditor's name and mailing address BRUCKNER LEASING COMPANY INC. AKA MACK LEASING SYSTEM 9471 E. INTERSTATE 40 AMARILLO, TX 79118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>GUARANTOR FOR LOAN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.161	Nonpriority creditor's name and mailing address BRUNEX CORPORATION 500 74TH ST APT 105 DOWNERS GROVE, IL 60515 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550.00
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3.162	Nonpriority creditor's name and mailing address BRUNTON MOTOR FREIGHT 18862 N 1600 E ROAD PONTIAC, IL 61764 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
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3.163	Nonpriority creditor's name and mailing address BRYANT'S TRANSPORTATION LLC 9593 AIRLANE DR MACEDONIA, OH 44056 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
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3.164	Nonpriority creditor's name and mailing address BS LOGISTICS LLC 3805 OAKLAND AVENUE SUITE 201E SAINT JOSEPH, MO 64505 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AGENT CONTRACT TRANSPORTATION SERVICES AGREEMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.165	Nonpriority creditor's name and mailing address BSJ & P TRANSPORTATION INC. 3134 MARSH ISLAND DR MYRTLE BEACH, FL 29579 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.166	Nonpriority creditor's name and mailing address BSL EXPRESS TRUCKING INC PO BOX 1249 BOLINGBROOK, IL 60446 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250.00
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3.167	Nonpriority creditor's name and mailing address BTI SPECIAL COMMODITIES INC P O BOX 4805 DES MOINES, IA 50313 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
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3.168	Nonpriority creditor's name and mailing address BTR-WAY LOGISTICS LLC 4031 COLONEL GLENN PARKWAY BEAVERCREEK, OH 22079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.169	Nonpriority creditor's name and mailing address BUCHANAN HAULING & RIGGING I PO BOX 631526 CINCINNATI, OH 46825 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.00
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3.170	Nonpriority creditor's name and mailing address BULLDOG HIWAY EXPRESS P O BOX 531796 ATLANTA, GA 31407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
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3.171	Nonpriority creditor's name and mailing address BWA TRUCKING INC 1153 ALTURA TERRACE ARCADIA, CA 90248 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.172	Nonpriority creditor's name and mailing address BYERS TRUCKING & FREIGHT BROKER LLC 23 W HARRIET ST ALTADENA, CA 92410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.173	Nonpriority creditor's name and mailing address C & A TRANSPORT LLC 20745 397TH AVE HURON, SD 57350 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,300.00
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3.174	Nonpriority creditor's name and mailing address C & C USA CORP 15316 DENMARK DR ABINGDON, VA 24210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,390.00
3.175	Nonpriority creditor's name and mailing address C & G TRANSPORT 409 HALLEY AVE MERCED, CA 95340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
3.176	Nonpriority creditor's name and mailing address C & L DAVIS TRUCKING LLC 148 SLIM JIM ROAD SANTEE, SC 29142 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,350.00
3.177	Nonpriority creditor's name and mailing address C & W TRUCKING & SONS INC 4100 ELM STREET BETTENDORF, IA 52722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.178	Nonpriority creditor's name and mailing address C D HAUGEN INC 5049 SCRIBNER RD NW BEMIDJI, MN 56601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.179	Nonpriority creditor's name and mailing address C R HARPER TRUCKING LLC 6500 W NEW BOSTON RD LOT 11 A TEXARKANA, LA 75501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
3.180	Nonpriority creditor's name and mailing address C S HAUL SERVICES LLC 268 NW BENTLEY CIR PORT ST LUCIE, FL 34972 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,150.00

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3.181	Nonpriority creditor's name and mailing address C TAJ LIMOUSINE LLC 23121 FREDERICKS DR FLAT ROCK, MI 48091 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$820.00
3.182	Nonpriority creditor's name and mailing address C&B TRANSPORTATION SYSTEM INCORPORATED 3029 BROOK HIGHLAND DR BIRMINGHAM, AL 35217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.183	Nonpriority creditor's name and mailing address C01 TRUCKING LLC 13215 BUCHANAN ST GRAND HAVEN, MI 49417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.184	Nonpriority creditor's name and mailing address C2 TRANS 3960 BROADWAY BLVD #220A GARLAND, TX 75042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
3.185	Nonpriority creditor's name and mailing address C9 TRANSPORTATION LLC 1541 ROBIN LN LANCASTER, TX 75134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.186	Nonpriority creditor's name and mailing address CA TRANSPORT LLC 46442 GLEN EAGLE DR UTICA, MI 48186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.187	Nonpriority creditor's name and mailing address CACAK EXPRESS INC 1890 FOX RUN DR UNIT A ELK GROVE VLG, IL 60007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00

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3.188	Nonpriority creditor's name and mailing address CAEVA TRUCKING 9922 CAROB AVE FONTANA, CA 92337 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,200.00</u>
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3.189	Nonpriority creditor's name and mailing address CAIN&ABLE TRUCKING LLC 225 BURNETT ST GREENVILLE, AL 35967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,800.00</u>
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3.190	Nonpriority creditor's name and mailing address CAISIN TRANSPORT LLC 1665 LAUREL CREEK DR LAWRENCEVILLE, GA 30043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,100.00</u>
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3.191	Nonpriority creditor's name and mailing address CANADIAN FLATBEDS LTD 8270 LAWSON RD MILTON, ON L9T 5J3 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,800.00</u>
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3.192	Nonpriority creditor's name and mailing address CANDACE LAWSON 6485 COUNTY ROAD 89 BRYANT, AL 35958 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$600.00</u>
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3.193	Nonpriority creditor's name and mailing address CANDELARIAS TRUCKING LLC 153 BERETTA PATH NEW BRAUNFELS, TX 78130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,500.00</u>
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3.194	Nonpriority creditor's name and mailing address CARAVAN LOGISTICS GROUP 5714 KENNETH AVE CINCINNATI, OH 45224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,950.00</u>
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Debtor **MEADOW LARK AGENCY, INC.**
Name

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3.195	Nonpriority creditor's name and mailing address CARDINAL TRANSPORT INC PO BOX 124 COAL CITY, IL 60416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.196	Nonpriority creditor's name and mailing address CARGO DELIGHTS INC 50 HEATON DR COVINGTON, GA 30014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.197	Nonpriority creditor's name and mailing address CARGO RUNNER CO PO BOX 610028 DALLAS, TX 75241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.198	Nonpriority creditor's name and mailing address CARGO TRANSPORT ALLIANCE LLC 2216 N 20TH AVE HOLLYWOOD, FL 33020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.199	Nonpriority creditor's name and mailing address CARLOS PITTELLI-NUNEZ 27 HARBOR PINES CT LAS VEGAS, NV 89183 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
3.200	Nonpriority creditor's name and mailing address CAROLINA DEVELOPMENT & INVESTMENT INC 111 STAGERS RD SUMMERHILL, PA 15958 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.201	Nonpriority creditor's name and mailing address CARRERA TRUCKING LLC 10827 BIG THICKET DALLAS, TX 75217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$575.00

Debtor	MEADOW LARK AGENCY, INC. <small>Name</small>	Case number (if known) _____
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3.202	Nonpriority creditor's name and mailing address CARRIER, INC 5105 TALLVIEW DR SUITE 199 ROLLING MEADOWS, IL 60008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,400.00
3.203	Nonpriority creditor's name and mailing address CATASHOV INC 2750 GRANT AVE FL 1 PHILADELPHIA, PA 19114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
3.204	Nonpriority creditor's name and mailing address CCT FACTORING LLC 306 NYE DR CHATTANOOGA, TN 37411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.205	Nonpriority creditor's name and mailing address CDB TRANSPORTATION LLC 20597 KAISER CR LAKEVILLE, MN 55431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.206	Nonpriority creditor's name and mailing address CEDAR POINT TRUCKING INC PO BOX 429 REXBURG, ID 83440 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.207	Nonpriority creditor's name and mailing address CENOVI TRANSPORTATION LLC 47 TOTOWA AVENUE PATERSON, NJ 07502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.208	Nonpriority creditor's name and mailing address CENTRANS TRUCK LINES LLC 336 WEST US HIGHWAY 30 STE 201 VALPARAISO, IN 46385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00

Debtor	MEADOW LARK AGENCY, INC. <small>Name</small>	Case number (if known) _____
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3.209	Nonpriority creditor's name and mailing address CERINO TRANSPORTS 1002 CARTER ST MILFORD, TX 76670 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
3.210	Nonpriority creditor's name and mailing address CERIUM NETWORKS INC 1636 W 1ST AVE SPOKANE, WA 99201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,553.53
3.211	Nonpriority creditor's name and mailing address CFA LOGISTICS INC 11729 SE 249TH ST KENT, WA 98030 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.212	Nonpriority creditor's name and mailing address CGR LOGSTICS 25512 CINNAMON DR PLAINFIELD, TL 60585 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
3.213	Nonpriority creditor's name and mailing address CH REY TRANSPORT INC 770 NW 121 ST NORTH MIAMI, FL 33166 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,775.00
3.214	Nonpriority creditor's name and mailing address CHAHAL LOGISTICS INC 714 LAFAYETTE CIR PLEASANTVILLE, NJ 08332 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.215	Nonpriority creditor's name and mailing address CHAIREZ TRUCKING FLATBED SERVICE INC P O BOX 1252 HATCH, NM 87937 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00

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3.216	Nonpriority creditor's name and mailing address CHET TRANSPORT LLC 130 MORRIS AVE ENGLEWOOD, NJ 07930 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,500.00</u>
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3.217	Nonpriority creditor's name and mailing address CHIEF CARRIERS INC PO BOX 2078 GRAND ISLAND, NE 68803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,000.00</u>
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3.218	Nonpriority creditor's name and mailing address CHISCO FREIGHT LLC 2065 MADERO DR BROWNSVILLE, TX 78045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,400.00</u>
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3.219	Nonpriority creditor's name and mailing address CHOYCE INC 2121 TANNEHILL DR APT 1066 HOUSTON, TX 77008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$400.00</u>
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3.220	Nonpriority creditor's name and mailing address CHRIS HELMS TRANSPORTATION 1000 SHORELINE DRIVE HOUGHTON LAKE, MI 48629 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$950.00</u>
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3.221	Nonpriority creditor's name and mailing address CHRIS LLC 2 BOSQUE PL LOS LUNAS, NM 87031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,050.00</u>
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3.222	Nonpriority creditor's name and mailing address CHRIS LOGISTICS LLC 760 WINSTON DR LAWRENCEVILLE, GA 30046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,800.00</u>
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3.223	Nonpriority creditor's name and mailing address CHRIS LOWERY DBA CRL LOGISTICS 12205 DEERFIELD LN GLADE SPRING, VA 24340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.224	Nonpriority creditor's name and mailing address CHRISTOPHER'S ROCK YARD LLC 4424 PALISADES PLACE DR STONECREST, GA 30058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.225	Nonpriority creditor's name and mailing address CITISTATE CARRIERS INC 4 EMBARCADERO CRT SUITE 1400 SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,400.00
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3.226	Nonpriority creditor's name and mailing address CJM TRANSPORTATION LLC 129 WREN DR RINGGOLD, GA 30736 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.227	Nonpriority creditor's name and mailing address CL TRANSPORT SERVICE INC 5594 LARK SPARROW CT JURUPA VALLEY, CA 92509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,600.00
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3.228	Nonpriority creditor's name and mailing address CLIFF REED INC 656 WILLOW CREEK ROAD CORVALLIS, MT 59828 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,625.00
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3.229	Nonpriority creditor's name and mailing address CM STEELE TRUCKING LLC 112 TURNIPSEED LANE STATESVILLE, NC 28677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.230	Nonpriority creditor's name and mailing address COACH XPRESS INC 9045 SOMERSET CT ORLAND PARK, IL 60439 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
3.231	Nonpriority creditor's name and mailing address COLBERT'S L TRANSPORTATION LLC 1418 SPRINGVIEW DR AUGUSTA, GA 30906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.232	Nonpriority creditor's name and mailing address COLLAZOS ELITE TRUCKING 2555 OGDEN ST SAN BERNARDINO, CA 92407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.233	Nonpriority creditor's name and mailing address COLLINS LOGISTICS & TRANSPORTATION, L.L. 2128 REMOUNT RD STE B 128 CHARLOTTE, NC 28210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.234	Nonpriority creditor's name and mailing address COLUMBUS CARGO INC 300 N MAIN ST STE 400 MIDDLETOWN, OH 45042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.235	Nonpriority creditor's name and mailing address COMPLEXITY TRANSPORTATION LLC 3218 PANTERA DR TEXAS CITY, TX 77571 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.236	Nonpriority creditor's name and mailing address COND TRUCK LLC 1931 MARKET CENTER BLVD APT 1214 DALLAS, TX 75207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00

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3.237	Nonpriority creditor's name and mailing address CONNECT GLOBAL LOGISTICS LLC 7933 APALACHEE DR INDIANAPOLIS, IN 46217 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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3.238	Nonpriority creditor's name and mailing address COOKIE CARRIERS INC 7465 E US HIGHWAY 6 BUTLER, IN 46721 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.239	Nonpriority creditor's name and mailing address COOMES INC 1697 E 250 LANE PHILLIPSBURG, KS 67661 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,152.00
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3.240	Nonpriority creditor's name and mailing address CORNERSTONE TRANSPORT INC P O BOX 822 ONEILL, NE T0E 0G0 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$860.00
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3.241	Nonpriority creditor's name and mailing address COROBAN TRUCKING INC 615 HUNTINGTON LN SCHAUMBURG, IL 60106 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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3.242	Nonpriority creditor's name and mailing address COTTON DELIVERY SERVICES LLC 6800 S INTERNATIONAL PKWY SUITE 10 MCALLEN, TX 78503 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
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3.243	Nonpriority creditor's name and mailing address COUNTRYWIDE TRANSPORT INC 72 CROSSWAYS DRIVE EAST BOHEMIA, NY 11716 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.244	Nonpriority creditor's name and mailing address COWTOWN EXPRESS INC 7050 JACK NEWELL BLVD S FORT WORTH, TX 76118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,700.00</u>
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3.245	Nonpriority creditor's name and mailing address CR TRANSPORT INC PO BOX 124 COAL CITY, IL 60416 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.246	Nonpriority creditor's name and mailing address CR TRUCKING & REPAIR INC 1806 BELMAR DR GASTONIA, NC 28052 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$900.00</u>
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3.247	Nonpriority creditor's name and mailing address CRESCENT STAR EXPRESS INC 1361 GLENGARY DR GLENDAL HEIGHTS, IL 60185 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,000.00</u>
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3.248	Nonpriority creditor's name and mailing address CROMER TRUCKING LLC 11924 SAND SPRINGS RD MOUNT VERNON, KY 40456 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,900.00</u>
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3.249	Nonpriority creditor's name and mailing address CROSS EXPRESS COMPANY 567 W ALGONQUIN ROAD MOUNT PROSPECT, IL 60056 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.250	Nonpriority creditor's name and mailing address CROWLEY FLECK 490 N 31ST ST. BILINGS, MT 59101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ATTORNEY FEES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.251	Nonpriority creditor's name and mailing address CRST EXPEDITED INC PO BOX 71573 CHICAGO, IL 71573 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.252	Nonpriority creditor's name and mailing address CSA & AP CARRIERS INC 234 BIRMINGHAM CT ROSELLE, IL 60008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,450.00
3.253	Nonpriority creditor's name and mailing address CUEVAS TRANS INC 108 LEYVA AVE FIREBAUGH, CA 93622 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.254	Nonpriority creditor's name and mailing address CULLER TRANSPORT LLC 3421 COUNTY ROAD 213 CLYDE, OH 43410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.255	Nonpriority creditor's name and mailing address CULLIGAN WATER 603 W MAIN ST LAUREL, MT 59044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$271.63
3.256	Nonpriority creditor's name and mailing address CUNNINGHAM EXPRESS LLC 3861 G 1/4 RD PALISADE, CO 81526 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,350.00
3.257	Nonpriority creditor's name and mailing address CUSTOM TRANSPORTATION LLC PO BOX 8 WHITEVILLE, TN 38075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00

Debtor **MEADOW LARK AGENCY, INC.**
Name

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3.258	Nonpriority creditor's name and mailing address CVD TRANSPORT INC 6105 COBBLESTONE CT GULF SHORES, AL 36547 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,000.00</u>
3.259	Nonpriority creditor's name and mailing address CW WELDING & FABRICATION LLC 14369 305TH ST VESTA, MN 56292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$750.00</u>
3.260	Nonpriority creditor's name and mailing address CWK TRANSPORT INC PO BOX 379 GOSHEN, IN 46528 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,100.00</u>
3.261	Nonpriority creditor's name and mailing address D & C TRANSPORT SERVICE LLC 10650 COUNTY RD 81 #218 MAPLE GROVE, MN 55430 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$325.00</u>
3.262	Nonpriority creditor's name and mailing address D & L SUPPLY COMPANY 880 WEST 150 NORTH LINDON, UT 84042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
3.263	Nonpriority creditor's name and mailing address D A B LOGISTICS INC 11505 ROUTE 143 STANSTED-EST, QC J0B 1L0 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,350.00</u>
3.264	Nonpriority creditor's name and mailing address D AND L TOWING INC 375 MACK RD SABINSVILLE, PA 18202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$475.00</u>

Debtor **MEADOW LARK AGENCY, INC.**
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3.265	Nonpriority creditor's name and mailing address D L DEEM 7800 RT 35 MILLS, PA 17220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,050.00</u>
3.266	Nonpriority creditor's name and mailing address D LEWIS TRANSPORT LLC 6863 COUNTY ROAD HH VESPER, WI 54489 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,300.00</u>
3.267	Nonpriority creditor's name and mailing address D XAVIER TRUCKING INC 16 EAGLE LN PAXTON, MA 01612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,100.00</u>
3.268	Nonpriority creditor's name and mailing address DABCO LLC 31929 AMERICAN LEGION RD MACKINAW, IL 61755 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$450.00</u>
3.269	Nonpriority creditor's name and mailing address DAILY STOIC TRANSPORT INC 1632B CALIFORNIA AVE SW SEATTLE, WA 98116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,900.00</u>
3.270	Nonpriority creditor's name and mailing address DALTON BONTRAGER TRUCKING INC 67085 CR 11 NAPPANEE, IN 46516 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$950.00</u>
3.271	Nonpriority creditor's name and mailing address DAMITRANS CORP PO BOX 840267 DALLAS, TX 75254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,750.00</u>

Debtor **MEADOW LARK AGENCY, INC.**
Name

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3.272	Nonpriority creditor's name and mailing address DANS ADVANTAGE TOWING & RECOVERY SERVICE P O BOX 27112 KNOXVILLE, TN 37924 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.273	Nonpriority creditor's name and mailing address DANSAB INC 11138 NORTHWEST RD #D PALOS HILLS, IL 60465 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
3.274	Nonpriority creditor's name and mailing address DAT SOLUTIONS LLC BOX #3801, PO BOX 8500 PHILADELPHIA, PA 19178-3801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,445.33
3.275	Nonpriority creditor's name and mailing address DAVE SUITTER TRUCKING INC 29 N 150 W JEROME, ID 83338 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.276	Nonpriority creditor's name and mailing address DAVID C EPLEY DBA EPLEY TRANSPORT LLC 173 CALLAWAY ST NEWTON, AL 32425 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
3.277	Nonpriority creditor's name and mailing address DAVID PHILLIPS TRUCKING CO. PO BOX 169 BEAR CREEK, NC 27207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.278	Nonpriority creditor's name and mailing address DAVID RODRIGUEZ TRUCKING LLC 1827 S CRAIG CIR ROGERS, AR 72758 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.279	Nonpriority creditor's name and mailing address DAVIS & DAVIS TRUCKING LLC 3305 WELLER DR INDIANAPOLIS, IN 46268 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
<hr/>			
3.280	Nonpriority creditor's name and mailing address DAWSON TRUCK LINES 1007 CHEROKEE STREET NE ROANOKE, VA 24012 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,965.00
<hr/>			
3.281	Nonpriority creditor's name and mailing address DAWSON TRUCK LINES INC 1007 CHEROKEE STREET NE ROANOKE, VA 24012 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AGENT CONTRACT TRANSPORTATION SERVICES AGREEMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.282	Nonpriority creditor's name and mailing address DAY 2 NIGHT TRANSPORTERS LLC 195 NE OREGON AVE IRRIGON, OR 97844 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
<hr/>			
3.283	Nonpriority creditor's name and mailing address DAYTON LOGISTICS SERVICES LLC DBA: DLS 521 LEO ST DAYTON, OH 45414 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.284	Nonpriority creditor's name and mailing address DB EXPRESS SERVICES INC. 404 RIDGE ST ALGONQUIN, IL 60527 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.00
<hr/>			
3.285	Nonpriority creditor's name and mailing address DD 214 TRANSPORT LLC 3708 NUTHATCH DR INDIAN TRAIL, NC 29730 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00

Debtor **MEADOW LARK AGENCY, INC.**
Name

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3.286	Nonpriority creditor's name and mailing address DDM LOGISTICS INC 6800 SANTA FE DR HODGKINS, IL 60525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.287	Nonpriority creditor's name and mailing address DECK LOGISTICS LLC 11619 W QUINN DR. ODESSA, TX 79764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.288	Nonpriority creditor's name and mailing address DEE J HELLIE 4151 S 38TH ST LINCOLN, NE 68526 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,575.00
3.289	Nonpriority creditor's name and mailing address DELTA FREIGHT SYSTEMS LLC 1350 E TOUHY AVE SUITE 110E DES PLAINES, IL 60018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,950.00
3.290	Nonpriority creditor's name and mailing address DELTA TRUCKING GO INC PO BOX 279345 SACRAMENTO, CA 95826 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.291	Nonpriority creditor's name and mailing address DENT TRUCK LINES INC 225 COUNTY ROAD 109 SWEETWATER, TX 79556 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.292	Nonpriority creditor's name and mailing address DEOL TRANSPORT SOLUTIONS LLC 65 KYLE DR PHILLIPSBURG, NJ 08846 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
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3.293	Nonpriority creditor's name and mailing address DH CARRIER 1943 BLEVIN ROAD YUBA CITY, CA 95993 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<hr/>			
3.294	Nonpriority creditor's name and mailing address DIAMOND DELIVERY LLC 16505 NE 22ND ST VANCOUVER, WA 98684 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$650.00</u>
<hr/>			
3.295	Nonpriority creditor's name and mailing address DIAMOND HEAD TRANSPORT LLC 19 WILD ACRES RD DRASCO, AR 72039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,100.00</u>
<hr/>			
3.296	Nonpriority creditor's name and mailing address DIAMOND PRO LOGISTICS INC 7823 SYDNEY BAY CT RICHMOND, TX 77407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<hr/>			
3.297	Nonpriority creditor's name and mailing address DIANA M OREJUELA ORTEGA DBA D&L TRANS 79269 TALLADEGA SPRINGS LN RICHMOND, TX 77085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$275.00</u>
<hr/>			
3.298	Nonpriority creditor's name and mailing address DINCPUE TRUCKING LLC 3649 EVERGREEN PARKWAY UNIT 881 EVERGREEN, CO 80439 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,100.00</u>
<hr/>			
3.299	Nonpriority creditor's name and mailing address DLV EXPRESS INC 5917 PARTRIDGE LANE LONG GROVE, IL 60007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,750.00</u>

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.300	Nonpriority creditor's name and mailing address DMM EXPRESS 7410 N 92ND AVE CAMAS, WA 98607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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3.301	Nonpriority creditor's name and mailing address DNM EXPRESS LLC 9413 OTTER CREEK DR APT B CHARLOTTE, NC 28277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00
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3.302	Nonpriority creditor's name and mailing address DONALD LEWIS DBA D LEWIS TRUCKING 6836 ROOK BLVD HOUSTON, TX 77087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.303	Nonpriority creditor's name and mailing address DONE RIGHT TRUCKING 6554 OASIS BUTTE DR COLORADO SPRINGS, CO 80923 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,300.00
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3.304	Nonpriority creditor's name and mailing address DONNA JONES 2701 HUMMINGBIRD WAY BILLINGS, MT 59105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
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3.305	Nonpriority creditor's name and mailing address DOUBLE M XPRESS INC 5272 PRAIRIE FLOWER RD CERES, CA 93215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,850.00
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3.306	Nonpriority creditor's name and mailing address DOUBLE NICKLE TRUCKIN LLC 1648 TIMBER CREEK DR HERNANDO, MS 38632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.307	Nonpriority creditor's name and mailing address DOUBLE R TRANSPORTATION LLC PO BOX 2557 SAPULPA, OK 74066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.308	Nonpriority creditor's name and mailing address DOUBLE SS HOLDING GROUP LLC 3203 DAYMARK TER OCOE, FL 34761 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,300.00
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3.309	Nonpriority creditor's name and mailing address DOUG BRADLEY TRUCKING INC 680 E WATER WELL RD SALINA, KS 67401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,550.00
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3.310	Nonpriority creditor's name and mailing address DPS LOGISTICS LLC 0N321 MORNINGSIDE AVE WEST CHICAGO, IL 60185 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
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3.311	Nonpriority creditor's name and mailing address DRB EXPRESS 1296 PRIMM RD ASHLAND CITY, TN 37015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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3.312	Nonpriority creditor's name and mailing address DREAMLOG INC 12811 WATERFORD RD PLAINFIELD, IN 60585 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,700.00
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3.313	Nonpriority creditor's name and mailing address DRINA TRANS INC 2217 BRESEE CARROLTON, TX 75032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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	Debtor MEADOW LARK AGENCY, INC. Name _____	Case number (if known) _____
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3.314	Nonpriority creditor's name and mailing address DRIVE ON HOLDINGS LLC 4112 W 125TH CROWN POINT, IN 46307 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,032.00</u>
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3.315	Nonpriority creditor's name and mailing address DSK TRANSIT LLC 3321 CHELTENHAM ST LAS VEGAS, NV 60515 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,950.00</u>
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3.316	Nonpriority creditor's name and mailing address DUE NORTH TRANSPORT 7048 64TH AVE NE SUITE 2 REMER, MN 56672 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,250.00</u>
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3.317	Nonpriority creditor's name and mailing address DUKE OILFIELD SERVICES, LLC P0 BOX 1253 LOVINGTON, NM 88260 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.318	Nonpriority creditor's name and mailing address DUNHAM TRUCKING LLC 3362 EAST 1/4 ROAD CLIFTON, CO 81520 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$800.00</u>
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3.319	Nonpriority creditor's name and mailing address DYNAMIC ENERGY TRANSPORT, LLC 3833 EAST LARKSPUR LANE GARDENDALE, TX 79758 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,636.25</u>
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3.320	Nonpriority creditor's name and mailing address DYNAMIC MD LLC 250 NORTH SCHMALE ROAD CAROL STREAM, IL 60188 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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Debtor	MEADOW LARK AGENCY, INC. Name _____	Case number (if known) _____
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3.321	Nonpriority creditor's name and mailing address DZYK TRANSPORTATION SERVICES 8121 NEW TOWN RD WAXHAW, NC 28173 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.322	Nonpriority creditor's name and mailing address E & R TRANSPORTATION LLC 408 WINECOFF WOODS DR NW CONCORD, NC 28027 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.00
3.323	Nonpriority creditor's name and mailing address E M C A EXPRESS LLC 5322 CRITTENDEN ST HYATTSVILLE, MD 20781 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
3.324	Nonpriority creditor's name and mailing address E U D LOGISTICS CORP 27500 SW 137TH CT HOMESTEAD, FL 33172 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
3.325	Nonpriority creditor's name and mailing address E Y G TRANSPORT LLC 1011 E 42ND ST SAN ANGELO, TX 76903 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.326	Nonpriority creditor's name and mailing address E- TYPE LOGISTICS LLC 445 BUCKHURST DR BALLWIN, MO 63117 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.327	Nonpriority creditor's name and mailing address E3A TRUCKING INC 4000 COASTAL COVE CIR JACKSONVILLE, FL 32225 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00

Debtor **MEADOW LARK AGENCY, INC.**
Name

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3.328	Nonpriority creditor's name and mailing address EAGLE BUSINESS CREDIT LLC 4036 W 120TH ST MERRIONETT IN, IL 60803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,091.66
3.329	Nonpriority creditor's name and mailing address EASLEY TRANSPORTATION ASSOCIATES LLC 11726 W CHENANGO DR APT 15 MORRISON, CO 80465 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.330	Nonpriority creditor's name and mailing address EASTERN EXPRESS INC PO BOX 74124 CLEVELAND, OH 44125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.331	Nonpriority creditor's name and mailing address EBELE BROTHERS TRUCKING, LLC 21739 CLARENCE LANE LITTLETON, CO 80120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.332	Nonpriority creditor's name and mailing address EBMS INC PO BOX 21367 BILLINGS, MT 59104-1367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INSURANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$755.91
3.333	Nonpriority creditor's name and mailing address ECHO ENTERPRISE TRUCKING INC 5826 N FLORIDA ST SPOKANE, WA 99217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,650.00
3.334	Nonpriority creditor's name and mailing address ECLECTIC LOGISTICS LLC 1140 KIMBERLY RD. STE 210 DAVENPORT, IA 52807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **MEADOW LARK AGENCY, INC.**
Name

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3.335	Nonpriority creditor's name and mailing address ECLIPSE SOLUTIONS INC 152 BENTON LN BLOOMINGDALE, IL 60108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,850.00
3.336	Nonpriority creditor's name and mailing address EDGAR DEJESUS QUINTEROS DBA E QUINTEROS 17553 KRANENBURG AVE BAKERSFIELD, CA 93307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.337	Nonpriority creditor's name and mailing address EDMSTARS TRUCKING LTD 6019 19 AVE SW EDMONTON, AB T6X 2A4 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,450.00
3.338	Nonpriority creditor's name and mailing address EDO EXPRESS LLC 14008 NE 102ND ST VANCOUVER, WA 98682 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,950.00
3.339	Nonpriority creditor's name and mailing address EDOTEX TRUCKING EML TRANSPORTATION 15222 HILLTOP VIEW DRIVE CYPRESS HILLS, TX 77429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,700.00
3.340	Nonpriority creditor's name and mailing address EFAX CORPORATE C/O J2 CLOUD SERVICES LLC PO BOX 51873 LOS ANGELES, CA 90051-6173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.341	Nonpriority creditor's name and mailing address EGV LOGISTICS INC 1629 W ERIE ST CHICAGO, IL 60654 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00

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3.342	Nonpriority creditor's name and mailing address EGZIT CORPORATION 9 S 220 S FRONTAGE RD 18/211 WILLOWBROOK, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
3.343	Nonpriority creditor's name and mailing address EL CAIMAN TRUCKING 2009 LEEANN DR AUSTIN, TX 78758 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
3.344	Nonpriority creditor's name and mailing address EL PASO HOTSHOT TRANSPORTATION LLC 317 HARTLEY AVE SAN ELIZARIO, TX 79936 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
3.345	Nonpriority creditor's name and mailing address EL VALLE TRANSPORT LLC 2443 SENTRY PALM DR RIO GRANDE CITY, TX 78582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
3.346	Nonpriority creditor's name and mailing address ELITE TRANSPORT SERVICES LLC 3400 INLAND EMPIRE BLVD STE 101 ONTARIO, CA 91764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.347	Nonpriority creditor's name and mailing address EMANUEL PRO DELIVERY TRUCKING LLC 667 CROSSPOINT DR NEW BRAUNFELS, TX 78130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
3.348	Nonpriority creditor's name and mailing address EMV TRANSPORTATION LLC 5941 STATE HIGHWAY 359 LAREDO, TX 78041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,100.00

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3.349	Nonpriority creditor's name and mailing address ENGLUND EQUIPMENT COMPANY INC P O BOX 250 CASHION, AZ 85323 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250.00
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3.350	Nonpriority creditor's name and mailing address ER FREIGHT TRANSPORTATION LLC 937 BALSAM LN BARTLETT, IL 60428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
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3.351	Nonpriority creditor's name and mailing address ESCOBEDO TRUCKING 9222 SCRANTON HOUSTON, TX 77013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.352	Nonpriority creditor's name and mailing address ESS EN CY, LLC DBA CHAD NICHOLAS TRUCKIN 4435 E CHANDLER BLVD STE 200 PHOENIX, AZ 85019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550.00
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3.353	Nonpriority creditor's name and mailing address EURO UNITED LLC 2809 PARKVIEW LN #1313 BEDFORD, TX 76119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.354	Nonpriority creditor's name and mailing address EV TRUCKING & TRANSPORT LLC 8928 MYRA WAY CHARLOTTE, NC 28215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
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3.355	Nonpriority creditor's name and mailing address EVE TRUCKING INC 9864 LELAND AVE UNIT 412 SCHILLER PARK, IL 60402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.356	Nonpriority creditor's name and mailing address EVERHART TRANSPORTATION INC 1622 INDUSTRIAL ROAD GREENEVILLE, TN 37745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.357	Nonpriority creditor's name and mailing address EVOLUTION TRANSPORT INC 1094 WILDLEAF CV MEMPHIS, TN 38116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,800.00</u>
3.358	Nonpriority creditor's name and mailing address EXODO TRANSPORT LLC 4062 N 80TH DR PHOENIX, AZ 85254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$600.00</u>
3.359	Nonpriority creditor's name and mailing address EXPRESS ALLIANCE COURIER 2633 LIME AVE SIGNAL HILL, CA 90755-2719 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$300.00</u>
3.360	Nonpriority creditor's name and mailing address EXPRESS CONNECTION LOGISTICS INC 23560 RED JUNIOER LANE NEW CANEY, TX 77357 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,000.00</u>
3.361	Nonpriority creditor's name and mailing address EXPRESS RIDER TRUCKING LLC PO BOX 683254 HOUSTON, TX 77043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.362	Nonpriority creditor's name and mailing address F & S TRUCKING 820 ROYLE RD LADSON, SC 29418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$675.00</u>

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3.363	Nonpriority creditor's name and mailing address F2F TRANSPORT PO BOX 306445 NASHVILLE, TN 37402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.364	Nonpriority creditor's name and mailing address FAB HAULING AND LOGISTICS LLC 33 BRUNSWICK LN HENDERSON, NC 27537 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
3.365	Nonpriority creditor's name and mailing address FADE TRANSIT LLC 554 GREEN GARDEN CIR CHESTER, VA 23836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,345.00
3.366	Nonpriority creditor's name and mailing address FAITHFUL 33 TRUCKING LLC PO BOX 2442 WEATHERFORD, TX 76088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,500.00
3.367	Nonpriority creditor's name and mailing address FALVEY SHIPPERS INSURANCE LLC 66 WHITECAP DR NORTH KINGSTOWN, RI 02852 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.368	Nonpriority creditor's name and mailing address FARMERS ELEVATOR OF KENSINGTON, MINNESOTA 22 RAILWAY ST W KENSINGTON, MN 56343 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.369	Nonpriority creditor's name and mailing address FARMERS OIL COMPANY INC 826 W MAIN ST ANTHONY, KS 67003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00

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3.370	Nonpriority creditor's name and mailing address FAST4WARD EXPRESS INC 1181 E RANDVILLE DRIVE PALATINE, IL 60074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.371	Nonpriority creditor's name and mailing address FASTRANSPO RT LLC 19941 KENTVILLE ROAD TISKILWA, IL 60515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,825.00
3.372	Nonpriority creditor's name and mailing address FASTWAY TRANS GROUP INC 65 MARTHAS MEADOW PLACE NORTHEAST CALGARY, AB T3J 4P4 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.373	Nonpriority creditor's name and mailing address FASTWAY TRANS LLC 3620 E 42ND ST APT 203 MINNEAPOLIS, MN 55406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,200.00
3.374	Nonpriority creditor's name and mailing address FEDEX PO BOX 94515 PALATINE, IL 60094-4515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: VENDOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.89
3.375	Nonpriority creditor's name and mailing address FERGUSONS TRANSPORT LLC 482 STAR BLVD MADISON, TN 37115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,320.00
3.376	Nonpriority creditor's name and mailing address FIELDS BOY ENTERPRISE LLC PO BOX 53721 INDIANAPOLIS, IN 46253 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.00

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3.377	Nonpriority creditor's name and mailing address FIREMASTER DEPT 1019, PO BOX 121019 DALLAS, TX 75312-1019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$179.25</u>
3.378	Nonpriority creditor's name and mailing address FLASH LOVE LOGISTICS 81 REGENCY PARK DR AGAWAM, MA 10100 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,675.00</u>
3.379	Nonpriority creditor's name and mailing address FLAT SOLUTIONS LLC 5545 HOMEWOOD RD PENSACOLA, FL 32504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,150.00</u>
3.380	Nonpriority creditor's name and mailing address FLEET LOGISTICS LLC 3822 WOODBRIDGE CT BOWLING GREEN, KY 42103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$850.00</u>
3.381	Nonpriority creditor's name and mailing address FLOYD TRUCKING LLC W4123 CTH M MEDFORD, WI 54451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,000.00</u>
3.382	Nonpriority creditor's name and mailing address FLUKER TRANSPORTATION LLC 41321 THOMPSON DR. HAMMOND, LA 70403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,700.00</u>
3.383	Nonpriority creditor's name and mailing address FM TRUCKING LLC 2801 WELLS BRANCH PKWY AUSTIN, TX 78726 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,350.00</u>

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3.384	Nonpriority creditor's name and mailing address FOILES TRUCKING LLC 15679 NIGHT GALLERY LANE JERSEYVILLE, IL 62052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.385	Nonpriority creditor's name and mailing address FORSAGE INC 838 BLUESTEM DR BOLINGBROOK, IL 60440 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.386	Nonpriority creditor's name and mailing address FORT MYERS TRUCKING INC PO BOX 150576 CAPE CORAL, FL 33915 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,200.00
3.387	Nonpriority creditor's name and mailing address FOUR BROTHERS TRANSPORT LLC 1277 HORIZON RIDGE CT NE KEIZER, OR 97303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.388	Nonpriority creditor's name and mailing address FOUR D TRUCKING LLC 81 E FARMINGTON TRCE PIKE ROAD, AL 36108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.389	Nonpriority creditor's name and mailing address FOX VALLEY ALFALFA MILL INC P O BOX 278 HILBERT, WI 54129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
3.390	Nonpriority creditor's name and mailing address FR8MAX INC 134 VINTAGE PARK BLVD, STE A-659 HOUSTON, TX 77070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,250.00

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.391	Nonpriority creditor's name and mailing address FRANCIS TRANSPORTATION LLC PO BOX 677 BRIGHAM CITY, UT 84302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.392	Nonpriority creditor's name and mailing address FRANCISCO ALVAREZ HERNANDEZ 20803 FAWN TIMBER TRAIL HUMBLE, TX 77346 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,700.00</u>
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3.393	Nonpriority creditor's name and mailing address FRANKFOTHER TRUCKING 1435 TOWNLINE RD STEWART, IL 60553 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,800.00</u>
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3.394	Nonpriority creditor's name and mailing address FRASIER DEDICATED SERVICES INC 1200 NORTH 28TH AVENUE DFW AIRPORT, TX 75261 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$550.00</u>
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3.395	Nonpriority creditor's name and mailing address FREDDIE PAYNE LLC PO BOX 906 WEDOWEE, AL 36278 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
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3.396	Nonpriority creditor's name and mailing address FREERKSEN TRUCKING INC 9 3RD AVE SW DODGE CENTER, MN 55927 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,555.00</u>
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3.397	Nonpriority creditor's name and mailing address FREIGHT INTERNATIONAL LLC 1030 DUNEDIN TRL WOODSTOCK, GA 30188 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,100.00</u>
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.398	Nonpriority creditor's name and mailing address FREIGHTBULL INC 7455 DUVAN DRIVE TINLEY PARK, IL 60477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,200.00</u>
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3.399	Nonpriority creditor's name and mailing address FREIGHTSTAR EXPEDITED LLC 1201 W WASHINGTON ST WEST CHICAGO, IL 60185 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,200.00</u>
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3.400	Nonpriority creditor's name and mailing address FRENCH TRUCKING INC 160 BUD CROCKETT DRIVE LEXINGTON, TN 38351 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,150.00</u>
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3.401	Nonpriority creditor's name and mailing address FRIAS TRANSPORT CORP 2473 SW AVONDALE ST PORT ST LUCIE, FL 34952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,100.00</u>
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3.402	Nonpriority creditor's name and mailing address FRIESIAN TRANSPORTATION, INC. PO BOX 1287 MOUNT AIRY, NC 27030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,200.00</u>
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3.403	Nonpriority creditor's name and mailing address FRONTIER LEASING INC 1100 N OHIO STREET SALINA, KS 67401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$800.00</u>
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3.404	Nonpriority creditor's name and mailing address FSD FREIGHT CO 450 W BRIAR PL APT 12M CHICAGO, IL 60632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.405	Nonpriority creditor's name and mailing address FSD TRANSPORTATION INC 319 S NAPERVILLE RD SUITE 201 WHEATON, IL 60189 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.406	Nonpriority creditor's name and mailing address FULGER TRANSPORT INC 4016 COUNTY RD 23 ESSEX, ON N8M 2X7 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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3.407	Nonpriority creditor's name and mailing address FULL SPEED AHEAD INC 355 W DUNDEE RD STE 205 BUFFALO GROVE, IL 60089 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,450.00
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3.408	Nonpriority creditor's name and mailing address FUNAKOSHI INC 1435 COVE DR PROSPECT HTS, IL 60070 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
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3.409	Nonpriority creditor's name and mailing address FUZE TRANSPORT USA, INC. PO BOX 98 HANOVER, MN 55341 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.410	Nonpriority creditor's name and mailing address FX4 LOGISTICS INC 23605 NE HALSEY ST WOOD VILLAGE, OR 30501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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3.411	Nonpriority creditor's name and mailing address G & C TRUCKING INC P O BOX 456 AGUILAR, CO 81020 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

3.412	Nonpriority creditor's name and mailing address G TRANSPORTATION LLC 619 LONG MELFORD DRIVE ROLESVILLE, NC 27891 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,250.00
3.413	Nonpriority creditor's name and mailing address G3 SERVICES HEAVY HAUL & PILOT CAR LLC 406 OMEGA ST EL CAMPO, TX 77437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.414	Nonpriority creditor's name and mailing address G9 TRUCKING LLC 3336 CHATEAU LANE LOUISVILLE, KY 40219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
3.415	Nonpriority creditor's name and mailing address GA LOGISTICS LLC 8624 24TH AVE APT 1A BROOKLYN, NY 07721 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,850.00
3.416	Nonpriority creditor's name and mailing address GABE TRUCKING LLC 3051 NE 150TH AVE APT A VANCOUVER, WA 98661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,450.00
3.417	Nonpriority creditor's name and mailing address GABLE TRUCKING LLC 8855 SOUTH 135 ST WEST CLEARWATER, KS 67026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
3.418	Nonpriority creditor's name and mailing address GAJ TRANSPORT L.L.C. 101 CLYDE MORRIS BLVD APT 150 ORMOND BEACH, FL 32174 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.419	Nonpriority creditor's name and mailing address GALAXY TRANSPORT LLC 503 E NIFONG BLVD 129 COLUMBIA, MO 65201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,125.00
3.420	Nonpriority creditor's name and mailing address GALLARDO TRUCKING, INC 1205 7TH ST CALEXICO, CA 92231 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.421	Nonpriority creditor's name and mailing address GAMA LOGISTICS 1511 BRACK ST EDINBURG, TX 78045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
3.422	Nonpriority creditor's name and mailing address GAMBLE EXPRESS LLC 4611 HARDSCRABBLE RD STE 108 PMB 274 COLUMBIA, SC 29229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.423	Nonpriority creditor's name and mailing address GARRY BARNES DBA GLB TRUCKING 13151 COUNTY RD 431 DEXTER, MO 63849 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.424	Nonpriority creditor's name and mailing address GARY DAVIS CONSTRUCTION, LLC PO BOX 579 HURRICANE, UT 84737 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00
3.425	Nonpriority creditor's name and mailing address GARY EXPRESS TRUCKING LLC 1176 HENSLEY RD W FORT MILL, SC 28601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
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3.426	Nonpriority creditor's name and mailing address GARYS TRUCK AND TRAILER REPAIR LLC 15003 90TH ST E PUYALLUP, WA 98047 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
<hr/>			
3.427	Nonpriority creditor's name and mailing address GAYLE FRERICHS TRUCKING LLC 2425 N 25TH ST TERRE HAUTE, IN 47932 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<hr/>			
3.428	Nonpriority creditor's name and mailing address GB GR TRANSPORT 4355 WINDERGATE DR JACKSONVILLE, FL 32257 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,360.00</u>
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3.429	Nonpriority creditor's name and mailing address GBA TRANS INC 317 SW 322ND ST FEDERAL WAY, WA 92612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,950.00</u>
<hr/>			
3.430	Nonpriority creditor's name and mailing address GCS GLOBAL CARRIER SOLUTIONS LLC 7352 STONE BLUFF DR DOUGLASVILLE, GA 30134 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<hr/>			
3.431	Nonpriority creditor's name and mailing address GE NATIONWIDE LLC 658 WINDING SPRING DR FAYETTEVILLE, AR 72703 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,250.00</u>
<hr/>			
3.432	Nonpriority creditor's name and mailing address GEAR DRIVEN TRANSPORTATION LLC 3902 SHARON RD MIDLAND, MI 48642 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,400.00</u>

	Debtor MEADOW LARK AGENCY, INC. Name _____	Case number (if known) _____
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3.433	Nonpriority creditor's name and mailing address GEAR LOGISTICS CORP 3716 S AUSTIN BLVD CICERO, IL 60301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.434	Nonpriority creditor's name and mailing address GENUINE TRANSPORT INC 2217 S 59TH CT CICERO, IL 60804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.435	Nonpriority creditor's name and mailing address GEO TRUCKERS LLC 6326 CARRIAGEWOOD CT RICHMOND, TX 77469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.436	Nonpriority creditor's name and mailing address GEORGE FREIGHT SOLUTIONS LLC 21255 SW 173RD AVE MIAMI, FL 33182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.00
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3.437	Nonpriority creditor's name and mailing address GH GLORIAS LLC 15895 E 8TH DR AURORA, CO 80013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.438	Nonpriority creditor's name and mailing address GIFTED UMBRELLA LLC DBA AZ3 TRANSPORT 2822 CASHWELL DR STE 233 GOLDSBORO, NC 27530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
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3.439	Nonpriority creditor's name and mailing address GILL BROTHERS 14916 SIMMONS GROVE DRIVE HAYMARKET, VA 20169 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.00
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	Debtor MEADOW LARK AGENCY, INC. Name _____	Case number (if known) _____
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3.440	Nonpriority creditor's name and mailing address GIT TRUCKING LLC 140 HICKMAN ST MOBILE, AL 36610 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$800.00</u>
<hr/>			
3.441	Nonpriority creditor's name and mailing address GL GROUP INC 3019 SERENITY LN NAPERVILLE, IL 60564 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<hr/>			
3.442	Nonpriority creditor's name and mailing address GLG TRANSPORT & LOGISTICS LLC 5755 N GENOA WAY APT 14-204 AURORA, CO 80011 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,300.00</u>
<hr/>			
3.443	Nonpriority creditor's name and mailing address GLOBAL CARRIER LLC 5963 GLENWAY DR APT B BROOK PARK, OH 44142 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<hr/>			
3.444	Nonpriority creditor's name and mailing address GLOBAL EXPRESS LLC 3122 GLENDALE AVE HATTIESBURG, MS 39402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,300.00</u>
<hr/>			
3.445	Nonpriority creditor's name and mailing address GLOBAL TRANS LLC PO BOX 8354 MINNEAPOLIS, MN 55418 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,800.00</u>
<hr/>			
3.446	Nonpriority creditor's name and mailing address GLOBAL TRUCKING INC 5932 209 ST NW EDMONTON, AB T5P 2R9 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,500.00</u>

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3.447	Nonpriority creditor's name and mailing address GLOBEX TRANSPORT INC 9169 W STATE ST #550R BOISE, ID 83714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.448	Nonpriority creditor's name and mailing address GLOJISTIK LLC 11619 GLADEFIELD DR HOUSTON, TX 77063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.449	Nonpriority creditor's name and mailing address GM & SR EXPRESS 16455 DARLINGTON MEADOW COURT LANE HOUSTON, TX 77073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
3.450	Nonpriority creditor's name and mailing address GMX LOGISTICS LLC 7918 MAIN ST # 852 FOGELSVILLE, PA 18954 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.451	Nonpriority creditor's name and mailing address GNH LOGISTICS INC 1701 CANDLER LN MODESTO, CA 95354 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
3.452	Nonpriority creditor's name and mailing address GNI EXPRESS INC 7913 GLEN TREE DRIVE CITRUS HEIGHTS, CA 95765 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,850.00
3.453	Nonpriority creditor's name and mailing address GNS TRUCKING INC 2434 FOREST DR # 208 WOODRIDGE, IL 60108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00

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3.454	Nonpriority creditor's name and mailing address GOLD POINT TRANSPORT 3071 WEST STATE HIGHWAY F, OZARK, MO 65721 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.455	Nonpriority creditor's name and mailing address GOLDEN GRAIN ENTERPRISES, LLC 400 W SANTA FE TRAIL BLVD LAKIN, KS 67860 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.456	Nonpriority creditor's name and mailing address GOLDEN WAY TRUCKING INC 24119 W RIVERWALK CT #133 PLAINFIELD, IL 60446 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
3.457	Nonpriority creditor's name and mailing address GOOD DAY CARRIER CORP 16W350 94TH STREET BURR RIDGE, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.458	Nonpriority creditor's name and mailing address GOZPOL TRANSPORT INC 6162 KNOLL WOOD RD APT 104 WILLOWBROOK, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
3.459	Nonpriority creditor's name and mailing address GP TRANSPORTATION CO PO BOX 95379 CHICAGO, IL 60436 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.460	Nonpriority creditor's name and mailing address GREAT CONNECTIONS INC 5234 OAKTON STREET APT 3B SKOKIE, IL 60077 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00

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3.461	Nonpriority creditor's name and mailing address GREAT LAKES CARRIER LLC 102 W DIAMOND LAKE RD APT 308 MINNEAPOLIS, MN 55419 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.462	Nonpriority creditor's name and mailing address GREAT WIDE A T F TRUCKING LLC PO BOX 69153 BALTIMORE, MD 21297 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.463	Nonpriority creditor's name and mailing address GREEN'S TRUCKING PO BOX 96 SAINT JOSEPH, TN 38481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.464	Nonpriority creditor's name and mailing address GREENWAY SYSTEMS INC 1712 W 8300 S WEST JORDAN, UT 84084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,650.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.465	Nonpriority creditor's name and mailing address GREGERSON EXPRESS INC 26159 740TH AVE GRAND MEADOW, MN 55936 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.466	Nonpriority creditor's name and mailing address GRIZZARD TRUCKING LLC 45 DRY CREEK RD UNION GROVE, AL 35016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.467	Nonpriority creditor's name and mailing address GROEN ENTERPRISES INC 7568 US HWY 264 E WASHINGTON, NC 27889 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.468	Nonpriority creditor's name and mailing address GROTHAUS TRUCKING CO 10339 PLAINVIEW BLACKTOP PLAINVIEW, IL 62037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.469	Nonpriority creditor's name and mailing address GROUND PILOT LOGISTICS INC 3323 LEHIGH CRESCENT MISSISSAUGA, ON L4T 1W9 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.470	Nonpriority creditor's name and mailing address GTI TRANSPORT 7600 CHEVY CHASE DR SUITE 300 AUSTIN, TX 78752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,500.00
3.471	Nonpriority creditor's name and mailing address GTR TRANS LLC 2025 SE 117TH AVE PORTLAND, OR 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.472	Nonpriority creditor's name and mailing address GTS EXPRESS INC P O BOX 191 WAYNESBORO, GA 30830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.473	Nonpriority creditor's name and mailing address GTS TRANSPORTATION 7545 S MADISON ST BURR RIDGE, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.474	Nonpriority creditor's name and mailing address GUENTHER ROBB HATCH PO BOX 91 SNOW FLAKE, AZ 85937 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00

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3.475	Nonpriority creditor's name and mailing address GUIA & ROJAS TRANSPORTATION LLC 28122 SW 160TH CT HOMESTEAD, FL 33033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.476	Nonpriority creditor's name and mailing address GUIMARA S POZO TRUCKING TRANSPORT INC 13733 FORCE ST HOUSTON, TX 77049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
3.477	Nonpriority creditor's name and mailing address GUTIERREZ TRANSPORT LLC 1416 GENEVIEVE WAY CERES, CA 92231 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.00
3.478	Nonpriority creditor's name and mailing address GUY M TURNER INC PO BOX 7776 GREENSBORO, NC 27406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.479	Nonpriority creditor's name and mailing address GUZMAN TRANSPORTATION 15825 SUSAN EILEEN AVE BAKERSFIELD, CA 93308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.480	Nonpriority creditor's name and mailing address GV AUTO LLC 2210 W MAIN ST STE107 BATTLE GROUND, WA 98604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.481	Nonpriority creditor's name and mailing address GVA TRANSPORTATION INC 1431 OPUS PLACE SUITE 110 DOWNERS GROVE, IL 60532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00

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3.482	Nonpriority creditor's name and mailing address H & S ENTERPRISES INC 199 STRYKERS ROAD PHILLIPSBURG, NJ 08865 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.483	Nonpriority creditor's name and mailing address H I TRUCKING LLC 14611 GULLY PLACE DALLAS, TX 75182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.484	Nonpriority creditor's name and mailing address H W BLAHNIK TRUCKING INC WEST 7522 SWANSON ROAD STEPHENSON, MI 49887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.485	Nonpriority creditor's name and mailing address H.A.M. HAULING LLC 3847 LYNDAL AVE BALTIMORE, MD 21215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
3.486	Nonpriority creditor's name and mailing address H2O LOGISTICS INC 67 SLATER STREET CAMBRIDGE, ON N1R0C4 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,900.00
3.487	Nonpriority creditor's name and mailing address HAARP TRANS LTD HAARP TRANS LTD MISSISSAUGA, ON N0B 2T0 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.488	Nonpriority creditor's name and mailing address HAHN RANCH TRUCKING INC 7996 HWY 287 TOWNSEND, MT 59644 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$570.00

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
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3.489	Nonpriority creditor's name and mailing address HAJ TRANSPORTATION INC 8916 DATAPOINT DR APT 1134 SAN ANTONIO, TX 78229 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.490	Nonpriority creditor's name and mailing address HAMMER LANE TRUCKING LLC 13890 120TH ST WADENA, MN 56482 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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3.491	Nonpriority creditor's name and mailing address HAMMERDOWN EXPRESS INC 24730 W BLUFF RD CHANNAHON, IL 60513 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.492	Nonpriority creditor's name and mailing address HANDY TRANSPORTATION INC 10122 S MANDEL ST PLAINFIELD, IL 60585 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.493	Nonpriority creditor's name and mailing address HARBY TRANSPORT LLC 9170 53RD AVE W MUKILTEO, WA 98275 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.494	Nonpriority creditor's name and mailing address HARDWAY TRANSPORTATION INC 118 IRON STATION ROAD DALLAS, NC 28037 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.00
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3.495	Nonpriority creditor's name and mailing address HARPERS HOT SHOT TRUCKING PO BOX 449 WICHITA FALLS, TX 76307 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
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Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.496	Nonpriority creditor's name and mailing address HATFIELD ENTERPRIZES INC 16715 EAST EUCLID AVENUE SPOKANE VALLEY, WA 99216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,200.00</u>
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3.497	Nonpriority creditor's name and mailing address HAULING ASSETS TRUCKING INC 7248 HWY 270 MALVERN, AR 71913 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,075.00</u>
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3.498	Nonpriority creditor's name and mailing address HAWKS RANCH TRUCKING LLC 301 W MAIN ST. ADAIR, OK 74361 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$645.00</u>
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3.499	Nonpriority creditor's name and mailing address HAYDAY EXPRESS 36468 405TH LANE AITKIN, MN 56431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$700.00</u>
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3.500	Nonpriority creditor's name and mailing address HAYWARD LOGISTICS 367 TALBOT STREET COURTLAND, ON N0J 1E0 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,025.00</u>
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3.501	Nonpriority creditor's name and mailing address HEAVY HAUL LLC 1802 W LANSING RD MORRICE, MI 48857 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,100.00</u>
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3.502	Nonpriority creditor's name and mailing address HEAVYHITTERZTRUCKINGLLC 1890 WEST 7865 SOUTH WEST JORDAN, UT 84088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,500.00</u>
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.503	Nonpriority creditor's name and mailing address HECTOR MARTINEZ GUTIERREZ 11895 CASCADA CT FONTANA, CA 92337 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.00
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3.504	Nonpriority creditor's name and mailing address HEDY KALANTAR PO BOX 2473 CLARKSVILLE, TN 37043 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.505	Nonpriority creditor's name and mailing address HELEN OF TROY TRANSPORTATION LLC 3505 LEWISTON RD GREENSBORO, NC 27410 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
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3.506	Nonpriority creditor's name and mailing address HENRY LAMAR RAMSEY PO BOX 39 SCOOBA, MS 39358 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
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3.507	Nonpriority creditor's name and mailing address HENRYS CARRIER INC 7015 WINGATE DR CUMMING, GA 30040 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$819.00
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3.508	Nonpriority creditor's name and mailing address HEREAFTER TRANSPORT LLC 9660 FALLS OF NEUSE RD RALEIGH, NC 27615 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.509	Nonpriority creditor's name and mailing address HERITAGE TRANSPORT INC PO BOX 427 BRANDON, MN 56308 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.510	Nonpriority creditor's name and mailing address HEROSE LLC 1627 NAVCO RD MOBILE, AL 36605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.511	Nonpriority creditor's name and mailing address HERRERA TRUCKING 1429 HWY 112 EASTLAND, TX 75050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.512	Nonpriority creditor's name and mailing address HERRERAS TRUCKING LLC 2505 WOLVEY RD EASTOVER, NC 28312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.513	Nonpriority creditor's name and mailing address HFC TRANSPORT LLC 4340 PITT RD CEDAR HILL, TN 37032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.514	Nonpriority creditor's name and mailing address HIGHWAY FREIGHTLINE LLC 16890 BRAEBURN ST ROMULUS, MI 48174 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$430.00
3.515	Nonpriority creditor's name and mailing address HIGHWAYS & SKYWAYS TRANSPORTATION LLC 927 DR MLK JR WAY GASTONIA, NC 28052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.516	Nonpriority creditor's name and mailing address HMD LLC 10031 VIRGINIA AVE CHICAGO RIDGE, IL 60415 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.517	Nonpriority creditor's name and mailing address HN LOGISTICS LLC 1 SPRING DRIVE BURLINGTON, NJ 08016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.518	Nonpriority creditor's name and mailing address HOGA TRANSPORT LLC 1086 HAMPSTEAD DR S COLUMBUS, OH 43224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
<hr/>			
3.519	Nonpriority creditor's name and mailing address HOLMES LOGISTICS LLC 870859 S 3370 RD CHANDLER, OK 74834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
<hr/>			
3.520	Nonpriority creditor's name and mailing address HOLTZMAN TRUCKING CO INC PO BOX 221 TELL CITY, IN 47586 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.521	Nonpriority creditor's name and mailing address HOMER EXPRESS LLC 33243 POWER LINE CT WARRENTON, MO 63383 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.00
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3.522	Nonpriority creditor's name and mailing address HORIZON TRUCKING INC 578 ANDERSON LANE MADISON, TN 37210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,800.00
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3.523	Nonpriority creditor's name and mailing address HOSS TRUCKING CORPORATION 516 SOCIAL CIRCLE CHARLOTTE, NC 28638 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.524	Nonpriority creditor's name and mailing address HTO EXPRESS LLC 2412 MARY LOU LANE MONTGOMERY, AL 36116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.525	Nonpriority creditor's name and mailing address HTUN TRUCKING LLC 1238 MAIDEN CHOICE LANE BALTIMORE, MD 21133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.526	Nonpriority creditor's name and mailing address HUBAL EXPRESS LLC 1140 COUNTY LINE RD. #23 KANSAS CITY, KS 66103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.527	Nonpriority creditor's name and mailing address HUERTAS TRANSPORT LLC 1438 ARTHUR ST BROWNSVILLE, TX 78520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.00
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3.528	Nonpriority creditor's name and mailing address HUFF HAULING LLC 273 OLD WILMINGTON ROAD COATESVILLE, PA 19320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.529	Nonpriority creditor's name and mailing address HUTCHENSON AND SON TRUCKING LLC 186 SFC 768 FORREST CITY, AR 63855 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.530	Nonpriority creditor's name and mailing address HUTCHINSON TRUCKING LLC 5310 EL TIGRE LN BAYTOWN, TX 77520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
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Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.531	Nonpriority creditor's name and mailing address I D E TRANSPORTS INC 1287 DESIERTO SECO DR EL PASO, TX 79936 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,400.00</u>
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3.532	Nonpriority creditor's name and mailing address I V I EXPRESS INC 4314 PARKS RIDGE DRIVE SNELLVILLE, GA 30039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,600.00</u>
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3.533	Nonpriority creditor's name and mailing address IAN'S TRANSPORT LLC 340 SW 135TH AVE MIAMI, FL 33182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,800.00</u>
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3.534	Nonpriority creditor's name and mailing address IBERIA EXPRESS INC 1680 BARCLAY BCLD BUFFALO GROVE IL, IL 60090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,700.00</u>
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3.535	Nonpriority creditor's name and mailing address IC TRANSPORT INC 2786 W 132ND LANE CROWN POINT, IN 60525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,400.00</u>
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3.536	Nonpriority creditor's name and mailing address ICENOGLA TRANSPORT LLC 708 SHERRY ST COLCHESTER, IL 62305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$750.00</u>
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3.537	Nonpriority creditor's name and mailing address IDS TRUCKING INC 16W543 MOCKINGBIRD LANE # 105 WILLOWBROOK, IL 60525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.538	Nonpriority creditor's name and mailing address IG TRANSPORTATION INC 500 S LOMBARD RD UNIT A ADDISON, IL 60101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,550.00</u>
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3.539	Nonpriority creditor's name and mailing address IGNITE TRANSPORTATION LLC 7506 PRIMROSE ST PEARLAND, TX 77584 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,050.00</u>
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3.540	Nonpriority creditor's name and mailing address IGO EXPRESS LLC 2615 BLUEFLAG ST TIPP CITY, OH 45388 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,074.20</u>
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3.541	Nonpriority creditor's name and mailing address IKO EXPRESS 8706 STONE FIELD WAY LOUISVILLE, KY 40299 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,275.00</u>
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3.542	Nonpriority creditor's name and mailing address ILLINOIS EXPRESS LLC 1450 N 1ST AVE APT 2 MELROSE PARK, IL 60160 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$400.00</u>
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3.543	Nonpriority creditor's name and mailing address IM TRANSPORT LLC 679 WASHINGTON ST SUIT 8-159 ATTLEBORO, MA 02703 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,100.00</u>
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3.544	Nonpriority creditor's name and mailing address IMPAC LOGISTICS LLC 282 CREEK FRONT WAY LAWRENCEVILLE, GA 30044 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,230.00</u>
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.545	Nonpriority creditor's name and mailing address IMPERIAL TRANSPORT LLC 2693 BLUEFLAG ST TIPP CITY, OH 45371 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
3.546	Nonpriority creditor's name and mailing address IMT TRANSPORT PO BOX 38 GARNER, IA 50438 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,450.00
3.547	Nonpriority creditor's name and mailing address INCLAN EXPRESS INC 5738 EAGLEWOOD PLACE RANCHO CUCAMONGA, CA 91730 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
3.548	Nonpriority creditor's name and mailing address INDUSTRIAL WASTE SERVICE INC. 960 EGYPT ROAD CAMDEN, SC 29020 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
3.549	Nonpriority creditor's name and mailing address INHAND TRANSPORTATION INC 479 BYRON BLVD WASHINGTON TWP, OH 45458 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.00
3.550	Nonpriority creditor's name and mailing address INLAND TRANSPORT LLC 1218 E BLACKHAWK DR SPOKANE, WA 99208 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.551	Nonpriority creditor's name and mailing address INTEG ENTERPRISES LIMITED LIABILITY CO 7155 CITRUS AVE UNIT 322 FONTANA, CA 92821 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00

	Debtor MEADOW LARK AGENCY, INC. Name _____	Case number (if known) _____
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3.552	Nonpriority creditor's name and mailing address INTEGRITY TRANSIT COMPANY LLC PO BOX 178172 CHICAGO, IL 60617 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
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3.553	Nonpriority creditor's name and mailing address INTENSE LLC 698 BERKSHIRE LANE SOUTH LEBANON, OH 45036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,200.00
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3.554	Nonpriority creditor's name and mailing address INTER CITY TRANSPORT 133 PARK DRIVE ROCKY VIEW, AB T1Z 0A3 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
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3.555	Nonpriority creditor's name and mailing address INTERNATIONAL EXPRESS INC 9971 WOODBEND DR SALINE, MI 48176 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,600.00
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3.556	Nonpriority creditor's name and mailing address INTERSTATE CARRIER LLC 1821 UNIVERSITY AVE W #S305 SAINT PAUL, MN 55104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.557	Nonpriority creditor's name and mailing address INTRA LOGIC LOGISTICS INC 8718 STATESVILLE RD STE CHARLOTTE, NC 28269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.558	Nonpriority creditor's name and mailing address IRON HORSE EXPRESS, L.L.C. PO BOX 26 WEYERS CAVE, VA 24486 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.559	Nonpriority creditor's name and mailing address IRON HORSE LINES INC 6723 ASPEN LANE #4 WESTMONT, IL 60561 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.560	Nonpriority creditor's name and mailing address IRON WAY TRANSPORTATION INC 2605 W 22ND ST. OAK BROOK, IL 60523 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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3.561	Nonpriority creditor's name and mailing address ISD EXPRESS INC 1540 WESTBROOK PLAZA DR SUTE E WINSTON SALEM, NC 27103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,450.00
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3.562	Nonpriority creditor's name and mailing address ISSYKKUL EXPRESS INCORPORATE 1179 S LINNEMAN RD, UNIT 3B MOUNT PROSPECT, IL 60056 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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3.563	Nonpriority creditor's name and mailing address ITE SUPERIOR TRANSPORTATION LLC 925 11TH ST NW CAIRO, GA 39828 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.564	Nonpriority creditor's name and mailing address ITRUCKING INC 12472 KNIGHTS RD PHILADELPHIA, PA 19116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550.00
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3.565	Nonpriority creditor's name and mailing address IWV EXPRESS LLC DBA FUTURE TRUCKING PO BOX 69 WILLIAMSBURG, IA 52361 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.566	Nonpriority creditor's name and mailing address J & A TRANSPORTATION LLC 2006 COUNTY ROAD 217 EUTAW, AL 35462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.567	Nonpriority creditor's name and mailing address J & C TRUCKING W11848 FLETCHER ROAD RIPON, WI 53956 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,525.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.568	Nonpriority creditor's name and mailing address J & M HAULING CORP 7225 W 11TH CT APT 129 HIALEAH, FL 33014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.569	Nonpriority creditor's name and mailing address J & R SERVICE COMPANY INC 1211 6TH STREET MAYSVILLE, OK 73071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,900.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.570	Nonpriority creditor's name and mailing address J D EXPRESS INC 3138 NAIL ROAD FRESNO, TX 77545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.571	Nonpriority creditor's name and mailing address J DEFENDINI TRANSPORT LLC 2147 LEMON STREET DELAND, FL 32720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$650.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.572	Nonpriority creditor's name and mailing address J M C EXPRESS TRANSPORT INC 13366 BLYTHEWOOD DR SPRING HILL, FL 34609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.573	Nonpriority creditor's name and mailing address J M LEASING CO PO BOX 27 CLARION, PA 16214 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.574	Nonpriority creditor's name and mailing address J MAR ENTERPRISES INC P O BOX 4143 BISMARCK, ND 58501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.575	Nonpriority creditor's name and mailing address J&J HAULING LLC 1150 SYRACUSE ST APT 5-69 DENVER, CO 80014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.576	Nonpriority creditor's name and mailing address J&L TRUCKING SERVICE CORP 214 US HIGHWAY 46 MINE HILL, NJ 07032 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.577	Nonpriority creditor's name and mailing address J&R TRANSIT LLC 205 LAFFITE COVE HERMITAGE, TN 37076 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
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3.578	Nonpriority creditor's name and mailing address J&V TRANSPORT SERVICES 4218 ROYAL PALM DR MISSION, TX 78572 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,150.00
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3.579	Nonpriority creditor's name and mailing address JACK WELKER 540 DEADWOOD AVENUE SUITE 210 RAPID CITY, SD 57702 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AGENT CONTRACT TRANSPORTATION SERVICES AGREEMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.580	Nonpriority creditor's name and mailing address JACKSON ASSOCIATED EXPRESS LLC 157 PINE BLUFF BLVD W KINGSLAND, GA 31548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
3.581	Nonpriority creditor's name and mailing address JACKSS TRUCKING LLC 6938 STATE ROAD 46E BATESVILLE, IN 47006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
3.582	Nonpriority creditor's name and mailing address JACOB JAMES C/O RECOVERY OF JUDGMENT 1407 BROADWAY 29TH FLOOR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.583	Nonpriority creditor's name and mailing address JACOBS ENTERPRISE LLC 260 E 200 N RUSHVILLE, IN 46173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
3.584	Nonpriority creditor's name and mailing address JADPAK TRUCKING 834 E KELLOGG RD BELLINGHAM, WA 98226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
3.585	Nonpriority creditor's name and mailing address JAKC ENTERPRISES L.L.C. 21459 P AVE HAWKEYE, IA 52240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250.00
3.586	Nonpriority creditor's name and mailing address JAM EXPRESS LLC 6892 WHITMAN CIRCLE BUENA PARK, CA 90249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00

Debtor MEADOW LARK AGENCY, INC. <small>Name</small>	Case number (if known) _____
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3.587	Nonpriority creditor's name and mailing address JAMES ENTERPRISE HOLDINGS LLC C/O RECOVERY OF JUDGMENT 1407 BROADWAY 29TH FLOOR NEW YORK, NY 10018 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.588	Nonpriority creditor's name and mailing address JAMES MASON ENTERPRISES INC 1555 E MASON DR KECHI, KS 67067 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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3.589	Nonpriority creditor's name and mailing address JAMES RICHARD JEFFRIES DBA JEFFRIES TRUC 4227 WEST 500 NORTH CEDAR CITY, UT 84721 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.590	Nonpriority creditor's name and mailing address JANELAND EXPRESS INC 23927 AUGUSTA FALLS LN SPRING, TX 77389 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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3.591	Nonpriority creditor's name and mailing address JAPCO TRANSPORT INC 8815 SHALOM CIR LAREDO, TX 78045 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
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3.592	Nonpriority creditor's name and mailing address JAS EXPRESS INC 8307 SEEMAN RD UNION, IL 60118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,300.00
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3.593	Nonpriority creditor's name and mailing address JASNOOR TRUCKING INC DBA USA TRUCKING 2657 WHIMBREL CT GREENWOOD, IN 46143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

3.594	Nonpriority creditor's name and mailing address JASON SAWYER DBA J C SAWYER ENTERPRISES 4901 DIAMOND MILL RD GERMANTOWN, OH 45327 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550.00
3.595	Nonpriority creditor's name and mailing address JB CARRIERS LLC 2452 CANDLEWICK CT SE GRAND RAPIDS, MI 49321 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.596	Nonpriority creditor's name and mailing address JB HARRIS TRANSPORT LLC DBA CASWELL WREC PO BOX 2108 NEWNAN, GA 30263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.597	Nonpriority creditor's name and mailing address JCM CONSTRUCTION & LOGISTICS LLC 621 E FM 1151 AMARILLO, TX 79118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
3.598	Nonpriority creditor's name and mailing address JCM TRUCKING LLC 422 LAWS HILL RD HOLLY SPRINGS, MS 38744 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.599	Nonpriority creditor's name and mailing address JD CARRIERS LLC 5702 BROKEN LANCE ST SAN ANTONIO, TX 78230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
3.600	Nonpriority creditor's name and mailing address JD FACTORS 4317 TROTTER DR LEES SUMMIT, MO 64082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.601	Nonpriority creditor's name and mailing address JETSPEED TRANSPD LLC 15331 JUDY BAYTOWN, TX 77521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.602	Nonpriority creditor's name and mailing address JFW LOGISTICS LLC 1353 S 116TH ST MILWAUKEE, WI 53226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.603	Nonpriority creditor's name and mailing address JG TRANS, LLC. 287 ELLIOT ST APT 10 NEWTON, MA 02464 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,300.00
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3.604	Nonpriority creditor's name and mailing address JHK TRANSPORT LLC 7511 HANNEGAN RD LYNDEN, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
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3.605	Nonpriority creditor's name and mailing address JHS TRANSPORT INC 13140 GILMOUR DR FISHERS, IN 46037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.606	Nonpriority creditor's name and mailing address JISHU TRANSPORT INC 950 N DUESENBERG DR APT 5211 ONTARIO, CA 91761 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.607	Nonpriority creditor's name and mailing address JJYA LOGISTICS L.L.C. 20199 100TH PL LIVE OAK, FL 32060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.608	Nonpriority creditor's name and mailing address JK TRUCKING LLC 1021 US HWY 62-180 W SEMINOLE, TX 79360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,050.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.609	Nonpriority creditor's name and mailing address JLEGEND LLC 5030 ARBURY HILL LANE ROSENBERG, TX 77469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.610	Nonpriority creditor's name and mailing address JMJ LOGISTICS LTD C/O JESSE BISCOE W10686 566TH AVENUE PRESCOTT, WI 54021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$33,187.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AGENT CONTRACT TRANSPORTATION SERVICES AGREEMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.611	Nonpriority creditor's name and mailing address JMZ TRANSPORT LLC 5136 BEN DAY MURRIN RD LOT 939 FORT WORTH, TX 76164 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$625.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.612	Nonpriority creditor's name and mailing address JOHAL ROADLINES 216 REVENUE RD CORMAN PARK, SK S7R 0H4 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.613	Nonpriority creditor's name and mailing address JOHN AHNER EXPRESS INC 12128 278TH AVE ZIMMERMAN, MN 55398 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.614	Nonpriority creditor's name and mailing address JOHN N QUINTERO 121 CLAIRMONT DR COWARTS, AL 36301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.615	Nonpriority creditor's name and mailing address JOHN PFLEDDERER TRUCKING INC 1036 S 275 E KOUTS, IN 46347 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.616	Nonpriority creditor's name and mailing address JOHN VALLEY DBA BERNARD LOGISTICS 18088 CYPRESS CT GULFPORT, MS 39503 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.617	Nonpriority creditor's name and mailing address JOLYN INC PO BOX 614 SHEFFIELD, AL 35660 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.618	Nonpriority creditor's name and mailing address JONES BROTHERS TRUCKING P O BOX 4414 MISSOULA, MT 59808 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.619	Nonpriority creditor's name and mailing address JONES LOGISTICS, LLC 6184 HWY 98 HATTIESBURG, MS 39402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.620	Nonpriority creditor's name and mailing address JORDAN CARRIERS 170 HWY 61 S NATCHEZ, MS 39120 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.621	Nonpriority creditor's name and mailing address JORGABY FREIGHT SERVICES LLC 22538 CUTTLER ROAD NEW CANEY, TX 77357 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.622	Nonpriority creditor's name and mailing address JOSE A ARAGON ARRENDONDO DBA ATC 5602 MELANITE AVE HOUSTON, TX 77053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.623	Nonpriority creditor's name and mailing address JOSE GUTIERREZ 19290 SOUTHTON RD ELMENDORF, TX 78112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
3.624	Nonpriority creditor's name and mailing address JOSEPH ARNDT DBA JOE ARNDT TRUCKING 9303 VALLEY LINE RD OCONTO FALLS, WI 54154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
3.625	Nonpriority creditor's name and mailing address JOSH ROBERTS TRUCKING INC 1238 FLOYD SPRINGS RD ARMUCHEE, GA 30105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.626	Nonpriority creditor's name and mailing address JOYA LOGISTICS LLC 1509 SHELBY RD KINGS MOUNTAIN, NC 28086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
3.627	Nonpriority creditor's name and mailing address JP CARGA EXPRESS LLC 12173 UPDIKE ALLEY ORLANDO, FL 32809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.628	Nonpriority creditor's name and mailing address JRC TRANSPORTATION INC PO BOX 366 THOMASTON, CT 06787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.629	Nonpriority creditor's name and mailing address JUAN CARLOS ZAVALA BAIRE 25454 MOORLAND RD MORENO VALLEY, CA 92553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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3.630	Nonpriority creditor's name and mailing address JUNIORS TRANSPORT LLC 1346 ETON WAY AVON, IN 46202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.631	Nonpriority creditor's name and mailing address JUSCZAK TRUCKING 1520 9TH AVE SW FOREST LAKE, MN 55025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.632	Nonpriority creditor's name and mailing address JUSTIN ALLISON TRUCKING 41572 SOUTH COUNTY ROAD 198 WOODWARD, OK 73801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.633	Nonpriority creditor's name and mailing address JVC ENTERPRISES, INC PO BOX 85 SHELBY, MI 49315 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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3.634	Nonpriority creditor's name and mailing address JVC MAJESTICS LLC 3224 INDIAN CREEK AVE MCALLEN, TX 78504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
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3.635	Nonpriority creditor's name and mailing address JZ TRANSPORT 11640 VALLE PALOMAR RD EL PASO, TX 79927 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
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Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.636	Nonpriority creditor's name and mailing address K & H TRUCKING INC 14041 ROYALWOOD DR FISHERS, IN 46222 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.637	Nonpriority creditor's name and mailing address K D X INC 16035 VAN DRUNEN RD SOUTH HOLLAND, IL 60473 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.638	Nonpriority creditor's name and mailing address K W TRUCKING 11995 110TH ST LEOTA, MN 66771 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.639	Nonpriority creditor's name and mailing address K&J ADVANTAGE LLC 1511 COLEVILLE CIR NORCROSS, GA 30093 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.640	Nonpriority creditor's name and mailing address KAISER TRANSPORT INC P O BOX 468 JANESVILLE, WI 53563 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.641	Nonpriority creditor's name and mailing address KAMION SCM INC 20715 N PIMA ROAD SUITE 108 SCOTTSDALE, AZ 85255 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,650.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.642	Nonpriority creditor's name and mailing address KARREN TRUCKING LLC PO BOX 904 MOUNTAIN HOME, ID 83647 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.643	Nonpriority creditor's name and mailing address KB COMMERCIAL PRODUCTS PO BOX 1935 BILLINGS, MT 59103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,226.36</u>
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3.644	Nonpriority creditor's name and mailing address KDC TRUCKING 5583 FIELDS DR YORKVILLE, IL 60560 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$400.00</u>
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3.645	Nonpriority creditor's name and mailing address KDK TRANSPORTATION INC 2320 SAINT CLAIR RIVER DRIVE ALGONAC, MI 48117 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
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3.646	Nonpriority creditor's name and mailing address KDM TRUCKING LLC 2881 INDEPENDENCE RD IOWA CITY, IA 52345 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,600.00</u>
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3.647	Nonpriority creditor's name and mailing address KDP TRUCKING INC. 5000 47TH AVE GREELEY, CO 80631 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
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3.648	Nonpriority creditor's name and mailing address KEANE THUMMEL TRUCKING, INC 419 MAIN NEW MARKET, IA 51646 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,100.00</u>
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3.649	Nonpriority creditor's name and mailing address KEEP ON TRUCKIN' LLC 3800 S OLIE AVE OKLAHOMA CITY, OK 73109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
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3.650	Nonpriority creditor's name and mailing address KEIM TS INC P O BOX 226 SABETHA, KS 66534 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.651	Nonpriority creditor's name and mailing address KELVIN BROWN DBA UPTOWN SOLUTIONS PO BOX 280682 NASHVILLE, TN 37228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.652	Nonpriority creditor's name and mailing address KEN GRAHAM TRUCKING, INC. 5018 W M-28 BRIMLEY, MI 49715 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.653	Nonpriority creditor's name and mailing address KEN STRONG HAULING 32466 W LINGER LONGER YOUNGSTOWN, FL 32466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,800.00
<hr/>			
3.654	Nonpriority creditor's name and mailing address KENT LUNDINE DBA HIGH COUNTRY CRANE SERV PO BOX 482 MILLS, WY 82601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
<hr/>			
3.655	Nonpriority creditor's name and mailing address KESTREL LOGISTICS GROUP LLC 3810 SEMINOLE PLACE CARROLLTON, TX 75006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
<hr/>			
3.656	Nonpriority creditor's name and mailing address KEVIN EUGENE BLACKWELL DBA EASY TRUCKING 3112 JAMES AVE WACO, TX 76711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00

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3.657	Nonpriority creditor's name and mailing address KEVIN JOHN KUEHL P.O. BOX 113 BURNETT, WI 53922 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
3.658	Nonpriority creditor's name and mailing address KG TRANSPORTATION LLC 10120 SE 260TH ST SUITE 215 KENT, WA 98031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.659	Nonpriority creditor's name and mailing address KIDA TRUCKING LLC 900 FRANCES WAY #237 RICHARDSON, TX 75081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.660	Nonpriority creditor's name and mailing address KIISH TRANSPORTATION LLC 2740 MINNEHAHA AVE STE130 MINNEAPOLIS, MN 55404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250.00
3.661	Nonpriority creditor's name and mailing address KISERI ENTERPRISE LLC 6478 SILVER RIDGE CIR ALEXANDRIA, VA 22182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.662	Nonpriority creditor's name and mailing address KIV TRANSPORT CO 587 ALICE PL ELGIN, IL 60160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.663	Nonpriority creditor's name and mailing address KIVI TRUCKING 5323 HIGHWAY 33 SAGINAW, MN 55779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,575.00

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3.664	Nonpriority creditor's name and mailing address KKM TRANSPORT LLC 2425 BRIDGETOWN LOOP SPARKS, NV 89436 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
<hr/>			
3.665	Nonpriority creditor's name and mailing address KMBS LLC 6417 FARMINGDALE DR CHARLOTTE, NC 28215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00
<hr/>			
3.666	Nonpriority creditor's name and mailing address KNIGHT & DAY TRANSPORT LLC 998 BONELLIS LN CLARKSVILLE, TN 37040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
<hr/>			
3.667	Nonpriority creditor's name and mailing address KOKOB TRANSPORT LLC 4601 N FAIRFAX DR ARLINGTON, VA 22203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
<hr/>			
3.668	Nonpriority creditor's name and mailing address KORA'S TRANSPORT LLC PO BOX 961 LA GRULLA, TX 78548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.669	Nonpriority creditor's name and mailing address KOSHIN FREIGHT LLC 901 RUPP AVE APT 2 CAMP HILL, PA 17011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
<hr/>			
3.670	Nonpriority creditor's name and mailing address KRANAWETTER TRANSPORT LLC 15628 ATATE HIGHWAY 72, STE. 1 PATTON, MO 63662 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.671	Nonpriority creditor's name and mailing address KYSEN TRUCKING LLC 104 BOYD AVE SHANNON, MS 38855 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,900.00
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3.672	Nonpriority creditor's name and mailing address L & L LOGISTICS LLC 12801 CLARK CEMETERY RD MITCHELL, IN 47421 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.673	Nonpriority creditor's name and mailing address LAFAYETTE STEEL ERECTOR LLC DBA LSE CRAN PO BOX 266 LAFAYETTE, LA 70506 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.674	Nonpriority creditor's name and mailing address LAKESIDE TRANSPORTATION, INC. 6300 SIMS DRIVE STERLING HEIGHTS, MI 48313 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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3.675	Nonpriority creditor's name and mailing address LALL TRANSPORT INC 6106 BRADWOOD DR INDIANAPOLIS, IN 46237 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550.00
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3.676	Nonpriority creditor's name and mailing address LALO TRUCKING INC 137 N LARCHMONT BLVD #279 LOS ANGELES, CA 90004 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
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3.677	Nonpriority creditor's name and mailing address LAMECH TRANSPORTATION LLC 1730 SW STALLINGS DR NACOGDOCHES, TX 75964 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.678	Nonpriority creditor's name and mailing address LANDSTAR RANGER INC PO BOX 784293 PHILADELPHIA, PA 19123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.679	Nonpriority creditor's name and mailing address LANE RUNNERS TRUCKING AND TRANSPORT LLC 433 PLAZA REAL SUITE 275 BOCA RATON, FL 33432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.680	Nonpriority creditor's name and mailing address LANHAM TRUCKING LLC PO BOX 23 MONTICELLO, IN 47960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
3.681	Nonpriority creditor's name and mailing address LANITA SPECIALIZED PO BOX 7747 LANCASTER, PA 19544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
3.682	Nonpriority creditor's name and mailing address LANZA TRANSPORT LLC 1803 SALINAS DR MISSION, TX 78572 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.683	Nonpriority creditor's name and mailing address LARA LOGISTICS L L C 7544 HADNOT ST LAS VEGAS, NV 89107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.684	Nonpriority creditor's name and mailing address LARRY GRAGG 11196 HWY 92 DELTA, IA 52550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00

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3.685	Nonpriority creditor's name and mailing address LAST CHOICE TRANSPORTATION 5930 GLEN LEE DR HUMBLE, TX 77396 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,350.00
3.686	Nonpriority creditor's name and mailing address LASTA TRANS INC 769 MADISON STREET UNIT D CROWN POINT, IN 46307 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.687	Nonpriority creditor's name and mailing address LAVISH TRANSPORT LTD. 344 DAWSON ROAD N WINNIPEG, MB R2J 0S7 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,150.00
3.688	Nonpriority creditor's name and mailing address LAW LOGISTICS LLC 205 CAMP CREEK RD GREENEVILLE, TN 37743 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
3.689	Nonpriority creditor's name and mailing address LAWSON TRUCKING LLC 1739 WESTBROOK RD EDGEMOOR, SC 29720 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.690	Nonpriority creditor's name and mailing address LAZAR FREIGHT LLC 947 LAGNUA DRIVE COPELL, TX 76043 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00
3.691	Nonpriority creditor's name and mailing address LAZY EAR TRUCKING 2657 BARTON RD GRANTVILLE, KS 66429 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.692	Nonpriority creditor's name and mailing address LCAT & ASSOCIATES LLC 2661 WESTCHESTER PKWY SE CONYERS, GA 30094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
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3.693	Nonpriority creditor's name and mailing address LCX LOGISTICS CORP 3312 OLD MEDINA OAKFIELD, TN 38362 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.694	Nonpriority creditor's name and mailing address LE & J EXPRESS TRANSPORT LLC 13002 TERRACE RUN LN HOUSTON, TX 77044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
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3.695	Nonpriority creditor's name and mailing address LEADING LOGISTICS INC 6564 LOISDALE COURT SUITE 600-D SPRINGFIELD, VA 22150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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3.696	Nonpriority creditor's name and mailing address LEE TRANSPORT LLC 9685 WULFF RD S SEMMES, AL 36575 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.697	Nonpriority creditor's name and mailing address LEGACY LOGISTICS INC 1 LEGACY DRIVE WEST MEMPHIS, AR 72301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
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3.698	Nonpriority creditor's name and mailing address LEGACY LOGISTICS LLC 938 TIMBERLINE CIRCLE CALERA, AL 35234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.699	Nonpriority creditor's name and mailing address LEGACY STAR TRANSPORT LLC PO BOX 454 WILMER, TX 75172 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$650.00</u>
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3.700	Nonpriority creditor's name and mailing address LEGACY TRANSPORT INC 4754 FLORA DRIVE EAGEN, MN 55122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.701	Nonpriority creditor's name and mailing address LEMEACO IVY 4056 MUIRFIELD DRIVE MEMPHIS, TN 38134 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$900.00</u>
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3.702	Nonpriority creditor's name and mailing address LEONARDO BAEZ DBA BAEZ TRUCK LLC 25 JUNE ST LINDENHURST, NY 11757 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$250.00</u>
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3.703	Nonpriority creditor's name and mailing address LEPES TRANSPORTATION LLC 4015 HAYDEN LANE PASCO, WA 99301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
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3.704	Nonpriority creditor's name and mailing address LES DISTRIBUTIONS MALBERT IN 3311 85E RUE SAINT GEORGES, QC G6A 0C6 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,550.00</u>
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3.705	Nonpriority creditor's name and mailing address LEVELS TRUCKING LLC 6700 GREENVIEW AVE DETROIT, MI 48122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,600.00</u>
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Debtor	Name	Case number (if known)
	MEADOW LARK AGENCY, INC.	
3.706	Nonpriority creditor's name and mailing address LEVI ENTERPRIZE LLC 3325 MAPLE HOLLOW CV SOUTHAVEN, MS 38671 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.707	Nonpriority creditor's name and mailing address LEVIATHAN CARRIERS CORPORATION 1112 ROUTE 41 STE 205-A CHICAGO, IL 60156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.708	Nonpriority creditor's name and mailing address LGND ENTERPRISE LLC 3201 66TH AVENUE GREELEY, CO 80634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DRIVER/SMALL CLAIM ACTION</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.709	Nonpriority creditor's name and mailing address LGND ENTERPRISE LLC 3201 66TH AVENUE GREELEY, CO 80634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.710	Nonpriority creditor's name and mailing address LIFT AND LOAD TRANSPORT LLC 520 BRIDGES AVE S KENT, WA 98032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.711	Nonpriority creditor's name and mailing address LIMITED CARRIERS OF EL PASO, LLC 4320 CAMBRIDGE AVE EL PASO, TX 79901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.712	Nonpriority creditor's name and mailing address LINK US TRANSPORTATION INC 12429 DENHOLM DR EL MONTE, CA 91732 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.713	Nonpriority creditor's name and mailing address LINKTRANS LLC 96 OUTLAW RD CAMDEN, SC 29020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
3.714	Nonpriority creditor's name and mailing address LISA HOLSTEIN 9962 EAST EIGHT MILE ROAD STOCKTON, CA 95212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AGENT CONTRACT TRANSPORTATION SERVICES AGREEMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.715	Nonpriority creditor's name and mailing address LITTLE ANGELS WACO LLC 2421 PARK AVE WACO, TX 76706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.00
3.716	Nonpriority creditor's name and mailing address LIVINGSTON TRANSPORTATION & LOGISTICS LL 13905 53RD AVE N APT 8 MINNEAPOLIS, MN 55121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,975.00
3.717	Nonpriority creditor's name and mailing address LJ TRANSPORT EXPRESS LLC 204 61ST ST UNIT 2 WEST NEW YORK, NJ 07093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,650.00
3.718	Nonpriority creditor's name and mailing address LML EXPRESS LLC 4623 TWISTING RD HOUSTON, TX 77042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
3.719	Nonpriority creditor's name and mailing address LMZ EXPRESS LLC 113 CENTENNIAL DR CARNEGIE, PA 15106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,850.00

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.720	Nonpriority creditor's name and mailing address LODESTAR TRANSPORT SERVICES PO BOX 388 BARNESVILLE, MN 56514 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
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3.721	Nonpriority creditor's name and mailing address LOGGINS LOGISTICS INC 5706 COMMERCE SQUARE JONESBORO, AR 72401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
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3.722	Nonpriority creditor's name and mailing address LOGISTIC DYNAMICS INC PO BOX 675297 DETROIT, MI 14221 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.00
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3.723	Nonpriority creditor's name and mailing address LOGISTIC SOLUTION SERVICES INC 2300 RIVERSIDE DR UNIT 145 GREEN BAY, WI 54301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,850.00
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3.724	Nonpriority creditor's name and mailing address LOGISTICIZE LTD 861 E PERRY ST PAULDING, OH 45879 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.725	Nonpriority creditor's name and mailing address LOGISTICSIZE LLC 861 E PERRY ST PAULDING, OH 45879 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,100.00
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3.726	Nonpriority creditor's name and mailing address LONE OAK TRUCKING LLC 122 W SPECHT RD SAN ANTONIO, TX 78253 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.727	Nonpriority creditor's name and mailing address LONGHORN TRANZ LLC 2901 UNION RD ST LOUIS, MO 63120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.728	Nonpriority creditor's name and mailing address LORD & KING TRUCKING 3025 NE 25 ST OCALA, FL 34471 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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3.729	Nonpriority creditor's name and mailing address LOUIS MOTTY 107 N HENRY ST ABBEVILLE, LA 70510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,450.00
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3.730	Nonpriority creditor's name and mailing address LS WILLSON TRUCKING 1328 W 10750 SOUTH SALT LAKE CITY, UT 84087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.731	Nonpriority creditor's name and mailing address LTD TRANSPORT LLC 49 APPLEWOOD LN TAYLORSVILLE, GA 30120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.732	Nonpriority creditor's name and mailing address LUCAS OIL PRODUCTS INC 302 NORTH SHERIDAN STREET CORONA, CA 92878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,373.00
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3.733	Nonpriority creditor's name and mailing address LUCETT TRUCKING LLC 6511 WINSLOW PARC LN TRUSSVILLE, AL 35173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.734	Nonpriority creditor's name and mailing address LUCKY 7 GLOBAL INC 4228 RYMARK CT SHAKOPEE, MN 55379 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.735	Nonpriority creditor's name and mailing address LUCKY TRUCKING LLC 6085 WILD BERRY DR LAS VEGAS, NV 89115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
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3.736	Nonpriority creditor's name and mailing address LVG TRANSPORT LLC 15057 NORTH 900 EAST ODON, IN 47562 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.737	Nonpriority creditor's name and mailing address LVM EXPRESS COMPANY 4136 CALDER LANE AURORA, IL 60804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.738	Nonpriority creditor's name and mailing address LYM EXPRESS INC 3042 VITA DOLCE DR KATY, TX 77494 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.00
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3.739	Nonpriority creditor's name and mailing address M & C TRUCKING INC P O BOX 430 SEWARD, PA 15954 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
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3.740	Nonpriority creditor's name and mailing address M & J SUPERIOR LLC 8431 WINECUP RIDGE DALLAS, TX 75249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.741	Nonpriority creditor's name and mailing address M & M TRUCKING INC 264 ST RT 2839 DIXON, KY 40219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.742	Nonpriority creditor's name and mailing address M B E TRANSPORT LLC 603 GREENLAWN BLVD ROUND ROCK, TX 78681 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.743	Nonpriority creditor's name and mailing address M C TRUCKING LLC 2225 METALWOOD CT LAS VEGAS, NV 89030 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.744	Nonpriority creditor's name and mailing address M D TRANSPORT CO LTD 1683 MT LEHMAN ROAD ABBOTSFORD, BC V2T 6H6 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.745	Nonpriority creditor's name and mailing address M GRANDE TRANSPORT ENTERPRISES LLC 17339 FM 2556 SANTA ROSA, TX 78593 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.746	Nonpriority creditor's name and mailing address M L T INC 1841 GOVER PARKWAY MT PLEASANT, MI 48858 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.747	Nonpriority creditor's name and mailing address M T W TRANSPORT LLC 228 E OLD HICKORY BLVD MADISON, TN 37210 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor MEADOW LARK AGENCY, INC. <small>Name</small>	Case number (if known) _____
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3.748	Nonpriority creditor's name and mailing address M&A EXPRESS TRUCKING LLC 4456 N. ABBE RD. UNIT #310 SHEFFIELD VILLAGE, OH 44035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.749	Nonpriority creditor's name and mailing address M&J CARRIERS LLC 14218 BUSINESS AVE LAREDO, TX 78045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.750	Nonpriority creditor's name and mailing address MA CARRIER LLC 2411 W FRONT ST STATESVILLE, NC 28625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,950.00
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3.751	Nonpriority creditor's name and mailing address MA TRUCKING 8437 WHITESTONE CT SEMMES, AL 36608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
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3.752	Nonpriority creditor's name and mailing address MADAIG LLC DBA NOMAD EXPRESS GROUP 280 CATENBURY LANE APT #1 BOLINGBROOK, IL 60440 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.753	Nonpriority creditor's name and mailing address MAGNUM TRANSHAUL INC 3315 18TH STREET NW EDMONTON, AB T6J 7E6 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.754	Nonpriority creditor's name and mailing address MAINTENANCE DIRECT LOGISTICS LLC 1090 VISTA TRAIL NE ATLANTA, GA 30329 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

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3.755	Nonpriority creditor's name and mailing address MAISHA LOGISTIC LLC P O BOX 3486 DUBLIN, OH 43229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,000.00</u>
3.756	Nonpriority creditor's name and mailing address MAJHA TRANSPORT LLC 7025 VANDERMARK RD E BONNEY LAKE, WA 98391 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,250.00</u>
3.757	Nonpriority creditor's name and mailing address MALLOY TRANSPORT LLC 1006 PINETREE LN MCCOMB, MS 39429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,150.00</u>
3.758	Nonpriority creditor's name and mailing address MANSO GARCIA LLC 531 IMHOFF AVE PORT ARTHUR, TX 77642 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.759	Nonpriority creditor's name and mailing address MAQUINTA TRANSPORT LLC 3088 HWY 142 PHILPOT, KY 42366 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,600.00</u>
3.760	Nonpriority creditor's name and mailing address MARK EXPRESS INC 9000 SUNDECK CT SW ALBUQUERQUE, NM 87120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.761	Nonpriority creditor's name and mailing address MARTIN TRANSPORTATION SYSTEM 7300 CLYDE PARK SOUTHWEST BYRON CENTER, MI 49315 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$450.00</u>

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3.762	<p>Nonpriority creditor's name and mailing address</p> <p>MARVIN ADONY VELASQUEZ DBA: ALECAM 205 W 14TH ST IRVING, TX 75061</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: CONTRACTED CARRIER</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.763	<p>Nonpriority creditor's name and mailing address</p> <p>MATRIX LOGISTICS INC 1375 REMINGTON RD STE U SCHAUMBURG, IL 60173</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: CONTRACTED CARRIER</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$950.00
3.764	<p>Nonpriority creditor's name and mailing address</p> <p>MATTHEW NEWTON DBA FLOYD NEWTON TRUCKING 1305 MORVEN RD WADESBORO, NC 28170</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: CONTRACTED CARRIER</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,050.00
3.765	<p>Nonpriority creditor's name and mailing address</p> <p>MATTHEW QUINN C/O JOHN MORRISON & SCOTT PETERSON 401 N. LAST CHANCE GULCH ST. HELENA, MT 59601</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: CLASS ACTION LAWSUIT</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.766	<p>Nonpriority creditor's name and mailing address</p> <p>MAURTE AUTO TRANSPORT LLC 5115 N DYSART RD STE 202 LITCHFIELD PARK, AZ 85340</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: CONTRACTED CARRIER</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,391.66
3.767	<p>Nonpriority creditor's name and mailing address</p> <p>MAVERIK INC 13000 SOUTH TRYON STREET STE CHARLOTTE, NC 28278</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: CONTRACTED CARRIER</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,550.00
3.768	<p>Nonpriority creditor's name and mailing address</p> <p>MAX POWER TRANSPORT INC 5151 N EAST RIVER RD UNIT 127B CHICAGO, IL 61008</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: CONTRACTED CARRIER</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00

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3.769	Nonpriority creditor's name and mailing address MAXX START CORP. 5524 W BERTEAU AVE APT 2 CHICAGO, IL 60641 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.770	Nonpriority creditor's name and mailing address MAY S INC 79 WARD DR ELLENWOOD, GA 30294 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$925.00
3.771	Nonpriority creditor's name and mailing address MAYER TRUCK LINE INC 1207 S RIVERSIDE DR JAMESTOWN, ND 58401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$925.00
3.772	Nonpriority creditor's name and mailing address MB COLBERT TRUCKING, LLC 810 SUNNYBROOK LANE BAYTOWN, TX 77523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.773	Nonpriority creditor's name and mailing address MCADEN DAIRY TRUCKING INC 3847 GOVERNOR HARRISON PKWY BRODNAX, VA 23920 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
3.774	Nonpriority creditor's name and mailing address MCDOUGLE TRANSPORTATION LIMITED LIABILIT 41 TAYLOR CIR WAYNESBORO, MS 39367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.00
3.775	Nonpriority creditor's name and mailing address MCSHEER TRUCK'IN LLC 2470 LITTLE ROCK ROAD ROSE BUD, AR 72137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00

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3.776	Nonpriority creditor's name and mailing address MD GLOBAL FREIGHT INC 15545 WEBER ROAD LOCKPORT, IL 60441 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
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3.777	Nonpriority creditor's name and mailing address MDS TRUCKING V INC 777 S ROHLWING RD ADDISON, IL 60101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00
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3.778	Nonpriority creditor's name and mailing address ME TRANSPORT INC 515 W PARK ST SHELDON, IA 51201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,300.00
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3.779	Nonpriority creditor's name and mailing address MEBRUER & SON TRUCKING, INC. 2481 HWY U LINN, MO 65051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.780	Nonpriority creditor's name and mailing address MEDALLION TRANSPORT & LOGISTICS LLC 701 EAST GATE DRIVE SUITE 110 MT LAUREL, NJ 08054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,600.00
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3.781	Nonpriority creditor's name and mailing address MEDION CORP 16900 LATHROP AVE HARVEY, IL 60426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.782	Nonpriority creditor's name and mailing address MEGA TRANS GROUP INC 18 WAKE ROBIN CT WOODRIDGE, IL 60446 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
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3.783	Nonpriority creditor's name and mailing address MELISSA HASLAGE TRUCKING INC 2309 E 28TH ST LORAIN, OH 44055 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
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3.784	Nonpriority creditor's name and mailing address MENKE LLC 6260 E TOWER ROAD LEAVENWORTH, IN 47137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.785	Nonpriority creditor's name and mailing address METEOR EXPRESS INC P O BOX 248 SCOTTSBORO, AL 35769 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
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3.786	Nonpriority creditor's name and mailing address METRO XPRESS P O BOX 17194 WICHITA, KS 67219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
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3.787	Nonpriority creditor's name and mailing address METROPOLITAN TRANSPORT LLC 85 WINTERS LANE CATONSVILLE, MD 21228 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.788	Nonpriority creditor's name and mailing address MEXUSA TRUCKING LLC 1907 BUENA VISTA DR SE TRLR 65 ALBUQUERQUE, NM 87107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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3.789	Nonpriority creditor's name and mailing address MG EXPRESS INC 15347 S US 169 HWY STE A OLATHE, KS 66062 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,700.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

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3.790	Nonpriority creditor's name and mailing address MI TRANSPORTATION LLC 1523 FARR DR DAYTON, OH 45414 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.791	Nonpriority creditor's name and mailing address MICHAEL J FRICKE 2310 S ROCK CITY RD RIDOTT, IL 61067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
3.792	Nonpriority creditor's name and mailing address MIDWEST DIRECT TRANSPORT INC 411 64TH AVE COOPERSVILLE, MI 49404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.793	Nonpriority creditor's name and mailing address MIDWEST EXPRESS 2317 RIVER ROAD ALGONA, IA 50511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,650.00
3.794	Nonpriority creditor's name and mailing address MIDWEST TRANS LLC 19518 WHITFIELD RD SEDALIA, MO 65301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,850.00
3.795	Nonpriority creditor's name and mailing address MIDWEST TRANSPORTATION, LLC 2720 MISSOURI AVE GRANITE CITY, IL 62040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$920.00
3.796	Nonpriority creditor's name and mailing address MIER AND SAPS TRANSPORT LLC 11567 MEEHAN SAVOY RD W ENTERPRISE, MS 39330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00

Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.797	Nonpriority creditor's name and mailing address MILLERS ENTERPRISE 387 NUBBIN RIDGE ROAD DUNNVILLE, KY 42528 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$550.00</u>
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3.798	Nonpriority creditor's name and mailing address MILLS TRANSPORTATION LLC 411 S CARNAHAN RD KING HILL, ID 83338 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
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3.799	Nonpriority creditor's name and mailing address MIR TRANSPORTATION INC 4646 WUNDER AVENUE FEASTERVILLE-TREVOSE, PA 19805 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,600.00</u>
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3.800	Nonpriority creditor's name and mailing address MIRAL TRANSPORTATION INC 9423 GENNA TRACE TRAIL JACKSONVILLE, FL 32218 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,850.00</u>
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3.801	Nonpriority creditor's name and mailing address MIT US INC 1212 S NAPER BLVD STE 119-105 NAPERVILLE, IL 60563 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,700.00</u>
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3.802	Nonpriority creditor's name and mailing address MJ DANIELS 49 CARDIFF ST JOHNSTOWN, PA 15906 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,800.00</u>
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3.803	Nonpriority creditor's name and mailing address MJ EXPRESS INC 242 10TH AVE CLEAR LAKE, WI 54005 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,300.00</u>
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Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.804	Nonpriority creditor's name and mailing address MJS TRANSPORTATION INC PO BOX 816 DECATUR, IN 46733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,000.00</u>
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3.805	Nonpriority creditor's name and mailing address ML KING INC 720 PLAINFIELD RD WILLOWBROOK, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,300.00</u>
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3.806	Nonpriority creditor's name and mailing address MMN TRANSPORT SERVICES LLC 3835 28TH ST SE SUITE 106 GRAND RAPIDS, MI 49315 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,800.00</u>
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3.807	Nonpriority creditor's name and mailing address MO RYDER TRUCKING LLC 3903 AERIAL BROOK TRAIL FRESNO, TX 77545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,875.00</u>
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3.808	Nonpriority creditor's name and mailing address MOBAL TRUCKING, INC. 12 ASPEN RIDGE COURT ST PETERS, MO 63376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,625.00</u>
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3.809	Nonpriority creditor's name and mailing address MOHAWK TRANSPORT LLC 2931 SOUTH CARR ROAD APPLE CREEK, OH 44606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
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3.810	Nonpriority creditor's name and mailing address MONTANA GROUP OF COMPANIES L 52 CRANSTON DR CALEDON, ON L7E 4J8 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,100.00</u>
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.811	Nonpriority creditor's name and mailing address MONTANA-DAKOTA UTILITIES CO PO BOX 5600 BISMARCK, ND 58506-5600 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$947.00
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3.812	Nonpriority creditor's name and mailing address MOON TRANSPORT LLC 1152 EAGER RD LIVE OAK, CA 95953 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.813	Nonpriority creditor's name and mailing address MOONDOG TRANSPORT LLC 20545 E ROBERT GIRTEN RD CHELSEA, OK 74016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00
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3.814	Nonpriority creditor's name and mailing address MOOSE TRANSPORT INC 16476 VANE ST BENNINGTON, NE 68034 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.815	Nonpriority creditor's name and mailing address MORALES TRUCKING 306 CR 545 HICO, TX 76457 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
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3.816	Nonpriority creditor's name and mailing address MORELIA EXPRESS INC 25864 W. BLACK RD. SHOREWOOD, IL 60707 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
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3.817	Nonpriority creditor's name and mailing address MORNINGSTAR TRANSPORTATION LLC 1012 SAINT GREGORY DRIVE MANSFIELD, TX 76013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$660.00
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Debtor MEADOW LARK AGENCY, INC. <small>Name</small>	Case number (if known) _____
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3.818	Nonpriority creditor's name and mailing address MORRISON-MAIERLE SYSTEMS PO BOX 6147 HELENA, MT 59604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,085.00
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3.819	Nonpriority creditor's name and mailing address MOUNTAIN ALARM PO BOX 12487 OGDEN, UT 84412-2487 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.00
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3.820	Nonpriority creditor's name and mailing address MOVIN IRON INC P O BOX 1308 RED BAY, AL 35582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.821	Nonpriority creditor's name and mailing address MOW EXPRESS LLC 420 N 20TH STREET BIRMINGHAM, AL 35209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.822	Nonpriority creditor's name and mailing address MR ADVANCE 35-12 19TH AVE SUITE 3W ASTORIA, NY 11105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOAN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.823	Nonpriority creditor's name and mailing address MRBULLY HOTSHOT LLC 14654 E 13TH CIR AURORA, CO 80011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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3.824	Nonpriority creditor's name and mailing address MRD LOGISTICS LLC 4809 PRAIRIE CREEK TRL FORT WORTH, TX 76052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
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Name

3.825	Nonpriority creditor's name and mailing address MSM FREIGHT SOLUTIONS LLC 11385 AARON AVE BEAUMONT, CA 92320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.826	Nonpriority creditor's name and mailing address MSS TRANSPORT INC 200 E AVE B SALINA, KS 67401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.827	Nonpriority creditor's name and mailing address MT SELECT LLC DEPT. #SF 85 PO BOX BIRMINGHAM, AL 35217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.828	Nonpriority creditor's name and mailing address MTC SERVICES INC 301 PATSY AVE GLEN BURNIE, MD 21060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
3.829	Nonpriority creditor's name and mailing address MTC TRANSPORT LLC 435 E MONTGOMERY ST ALLENTOWN, PA 18102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,050.00
3.830	Nonpriority creditor's name and mailing address MULLEN INVESTMENTS II, LLC C/O RACINE OLSON P.O. BOX 1391 POCATELLO, ID 83204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: BUILDING LEASE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.831	Nonpriority creditor's name and mailing address MURPHYS AND MURPHYS ENTERPRISES INC 12408 S GARNETT RD BUCKEYE, AZ 86320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
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3.832	Nonpriority creditor's name and mailing address MV LOGISTICS LLC 1399 NEW KIMMINS RD HOHENWALD, TN 38462 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$700.00</u>
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3.833	Nonpriority creditor's name and mailing address MVA TRUCKING INC 2007 N JAMESTOWN DR PALATINE, IL 60074 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.834	Nonpriority creditor's name and mailing address MVP TRANSPRO LL DBA APT TRUCKING 443 SOUTH 1850 EAST SPRINGVILLE, UT 84663 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,200.00</u>
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3.835	Nonpriority creditor's name and mailing address MYMUZAFAR LLC 1570 ROSSER AVE ELMONT, NY 11042 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,050.00</u>
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3.836	Nonpriority creditor's name and mailing address N & O TRANSPORT LLC 108 WAVERLY ST APT 1 PROVIDENCE, RI 02896 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,400.00</u>
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3.837	Nonpriority creditor's name and mailing address N AND T TRUCKING LLC 32 FOSTER MOUND RD NATCHEZ, MS 39120 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$625.00</u>
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3.838	Nonpriority creditor's name and mailing address N P LOGISTICS INC 11002 HAMMERLY BLVD APT 173 HOUSTON, TX 77024 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,800.00</u>
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.839	Nonpriority creditor's name and mailing address N-MOTION LLC 3743 HIGHWAY 86 PICKENSVILLE, AL 35447 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$400.00</u>
3.840	Nonpriority creditor's name and mailing address NAPOLEONYX TRANSPORT LLC 23749 N HILLFARM RD LAKE BARRINGTON, IL 60018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.841	Nonpriority creditor's name and mailing address NAPORA INC 220 S MAINS ST, STE 205 LOMBARD, IL 60148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.842	Nonpriority creditor's name and mailing address NATHANIEL HOUSTON TRUCKING LLC 10019 LOCH COURTNEY LN HOUSTON, TX 77089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$500.00</u>
3.843	Nonpriority creditor's name and mailing address NATION LINK TRANSPORT INC PO BOX 18681 MINNEAPOLIS, MN 55418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,150.00</u>
3.844	Nonpriority creditor's name and mailing address NATIONAL FREIGHT SOLUTION INC 9730 EASTON RD KINTNERSVILLE, PA 19090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,525.00</u>
3.845	Nonpriority creditor's name and mailing address NATIONAL TRANSPORT LINE LLC 9730 EASTON RD KINTNERSVILLE, PA 18020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
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3.846	Nonpriority creditor's name and mailing address NATIONWIDE TRANSPORTATION INC 3121 SENNA ST TIPP CITY, OH 45371 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.847	Nonpriority creditor's name and mailing address NAVEMAR LOGISTICS LLC P.O BOX 610 ELK GROVE, CA 95758 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,375.00
<hr/>			
3.848	Nonpriority creditor's name and mailing address NEIGHBORHOOD TRUCKING LLC 11346 SWEETLEAF DR INDIANAPOLIS, IN 46240 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
<hr/>			
3.849	Nonpriority creditor's name and mailing address NELSON FREIGHT SERVICE INC 901 PINE STREET PESHTIGO, WI 54157 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
<hr/>			
3.850	Nonpriority creditor's name and mailing address NEVIUS TRANSPORTATION LLC 1785 COUNTY ROAD 207 CARTHAGE, TX 75633 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
<hr/>			
3.851	Nonpriority creditor's name and mailing address NEW JERSEY DEPT OF LABOR & WORKFORCE DEV PO BOX 929 TRENTON, NJ 08646-0929 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TAXES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.48
<hr/>			
3.852	Nonpriority creditor's name and mailing address NEW REALM ENTERPRISES LLC P.O. BOX 152338 ARLINGTON, TX 75254 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,950.00

Debtor **MEADOW LARK AGENCY, INC.**
Name

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3.853	Nonpriority creditor's name and mailing address NEW WAY EXPRESS INC 309 E RAND RD SUITE 178 ARLINGTON HEIGHTS, IL 60120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.854	Nonpriority creditor's name and mailing address NFUSION CAPITAL 511 WILLOW ST ELK CITY, OK 73644 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,950.00
3.855	Nonpriority creditor's name and mailing address NGUYEN LOGISTICS INC 8326 SOLEDAD DR HOUSTON, TX 77083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,550.00
3.856	Nonpriority creditor's name and mailing address NHH SERVICES INC 1210 NORTHBROOK DR SUITE 420 TREVOSE, PA 19053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
3.857	Nonpriority creditor's name and mailing address NIGHT DREAM INC 20444 SPIREA LN CREST HILL, IL 60544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.858	Nonpriority creditor's name and mailing address NITRO EXPRESS LLC 29106 CLEARPOND RD MCCLOUD, OK 74851 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.859	Nonpriority creditor's name and mailing address NOBLE FREIGHT LLC 13505 CITICARDS WAY UNIT 3215 JACKSONVILLE, FL 32218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550.00

Name

3.860	Nonpriority creditor's name and mailing address NOHID TRUCKING LLC 3347 W END AVE FSTRVL TRVOSE, PA 17044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.861	Nonpriority creditor's name and mailing address NOLA TRUCKING INC 1209 W 16TH ST S UNIT 306 NEWTON, IA 50208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.862	Nonpriority creditor's name and mailing address NOMAD EXPRESS TRUCKING 136 ALPINE STREET GEORGETOWN, TX 78628 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.863	Nonpriority creditor's name and mailing address NORCO SPECIALIZED LLC 1085 JARVIS RD SAGINAW, TX 76179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.864	Nonpriority creditor's name and mailing address NORSEMEN SPECIALIZED DIVISION 106 EAST MAIN STREET LAKE MILLS, IA 50450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
3.865	Nonpriority creditor's name and mailing address NORTH DEER LLC 15140 S DELTA LN PINE, CO 80421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
3.866	Nonpriority creditor's name and mailing address NORTH LIBERTY TRANSPORTATION 1350 KENNEL CT UNIT C1 N LIBERTY, IA 52317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00

Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.867	Nonpriority creditor's name and mailing address NORTHWESTERN ENERGY 11 E PARK ST BUTTE, MT 59701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.868	Nonpriority creditor's name and mailing address NORTON TRUCKING INC 1327 STANFORD DR KANKAKEE, IL 60901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.869	Nonpriority creditor's name and mailing address NOS LOGIX LLC 4 TIMBERWOOD PL SOUTH SALEM, NY 10590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
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3.870	Nonpriority creditor's name and mailing address NOVA 4 INC 34396 N EASTINGS WAY GURNEE, IL 60031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
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3.871	Nonpriority creditor's name and mailing address NOVAK TRUCKING SERVICE LLC P O BOX 67 LAONA, WI 54541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,450.00
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3.872	Nonpriority creditor's name and mailing address NTX ROADRUNNER TRANSPORTATION PO BOX 322 DIANA, TX 75640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.873	Nonpriority creditor's name and mailing address NU-KO CAPITAL 1041 CHULA VISTA DR EAGLE PASS, TX 78852 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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Name

3.874	Nonpriority creditor's name and mailing address NUWAY TRANSPORTATION SERVICES, INC 2 ACCESS WAY BLOOMINGTON, IL 61705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,402.50</u>
3.875	Nonpriority creditor's name and mailing address NW ELITE TRANSPORT LLC 2555 S DIXIE DR, SUITE 218 DAYTON, OH 45409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
3.876	Nonpriority creditor's name and mailing address O & I TRANSPORT INC PO BOX 807 DEARBORN, MI 48126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$850.00</u>
3.877	Nonpriority creditor's name and mailing address O & R TRUCKING LLC 2225 E 113TH AVE TAMPA, FL 33610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,200.00</u>
3.878	Nonpriority creditor's name and mailing address O & S TRANSPORTATION LLC 2011 BACHELOR RD MOORESBORO, NC 28152 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,250.00</u>
3.879	Nonpriority creditor's name and mailing address O&SONS TRUCKING LLC 2850 S BELT LINE RD TRLR 241 DALLAS, TX 75220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$550.00</u>
3.880	Nonpriority creditor's name and mailing address O'NEIL 5 STAR LLC N 5070 COUNTY ROAD C ELLSWORTH, WI 54011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,250.00</u>

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
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3.881	Nonpriority creditor's name and mailing address OCEAN HAULING EXPRESS INC 6026 S MOZART ST CHICAGO, IL 60638 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$600.00</u>
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3.882	Nonpriority creditor's name and mailing address OEG EXPRESS INC 6126 COBBLESTONE CT GULF SHORES, AL 36561 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,000.00</u>
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3.883	Nonpriority creditor's name and mailing address OHIO EXPEDITED LLC 985 CYPRESS RIDGE PL COLUMBUS, OH 43228 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,000.00</u>
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3.884	Nonpriority creditor's name and mailing address OHIO TRANSPORT CORPORATION 5593 HAMILTON-MIDDLETOWN ROAD MIDDLETOWN, OH 45044 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,100.00</u>
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3.885	Nonpriority creditor's name and mailing address OILFIELD ELITE LLC 27222 FULSHEAR BEND DR APT 3219 FULSHEAR, TX 77441 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$800.00</u>
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3.886	Nonpriority creditor's name and mailing address OJK SERVICES LLC 511 WILLOW ST ELK CITY, OK 73644 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.887	Nonpriority creditor's name and mailing address OLD SOUTH FREIGHT SERVICE IN 7544 HWY 41 A CEDAR HILL, TN 37032 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,700.00</u>
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.888	Nonpriority creditor's name and mailing address OLSEN TRANSPORT INC W11270 STATE HWY 64 POUND, WI 54161 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.889	Nonpriority creditor's name and mailing address OLYMPIC TRANSFER CORP 6355 NW 36 ST SUITE 405 MIAMI, FL 33166 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,475.00</u>
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3.890	Nonpriority creditor's name and mailing address ON MY WAY EXPRESS INC 12020 DOGWOOD AVE FREDERICKSBURG, VA 22407 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$975.00</u>
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3.891	Nonpriority creditor's name and mailing address ON THE ROCK LOGISTICS INC 5910 SAN BERNARDO AVE APT 120 LAREDO, TX 78045 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,350.00</u>
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3.892	Nonpriority creditor's name and mailing address ONE TIME LOGISTICS LLC 20143 105TH AVE SE KENT, WA 98032 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
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3.893	Nonpriority creditor's name and mailing address ONTIME TRUCKING LLC 1529 27TH AVE S FARGO, ND 58102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$700.00</u>
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3.894	Nonpriority creditor's name and mailing address ONTRACK EXPRESS LLC 3166 CLARENCE ST MELVINDALE, MI 48217 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,450.00</u>
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.895	Nonpriority creditor's name and mailing address OTAMAN TRANS GROUP INC 3076 WICKENDEN AVE ELGIN, IL 60120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.896	Nonpriority creditor's name and mailing address OVERLAND TRANSPORT LLC 1845 E RIDGEWAY AVE WATERLOO, IA 50703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,750.00</u>
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3.897	Nonpriority creditor's name and mailing address OZARK LOGISTIC CORPORATION 60 S HWY 17 SUMMERSVILLE, MO 65571 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,300.00</u>
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3.898	Nonpriority creditor's name and mailing address P ANDREW TRUCKING INC 1708 PAPOOSE RD CARPENTERSVLE, IL 62014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
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3.899	Nonpriority creditor's name and mailing address P&B TRUCKING INC. 7508 MISTY LAKE LN PEARLAND, TX 77032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
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3.900	Nonpriority creditor's name and mailing address PABLOS TRUCKING 681 E FRONT ST FARMERSVILLE, CA 93223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,000.00</u>
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3.901	Nonpriority creditor's name and mailing address PACKARD TRANSPORT LLC P O BOX 62891 BALTIMORE, MD 21221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$650.00</u>
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Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.902	Nonpriority creditor's name and mailing address PAK FAIR LOGISTICS 2006 WHIRLAWAY DR STAFFORD, TX 77477 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,242.00</u>
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3.903	Nonpriority creditor's name and mailing address PANTHER TRANS INC 1430 SANDSTONE DR APT 318 WHEELING, IL 60074 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,150.00</u>
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3.904	Nonpriority creditor's name and mailing address PARADIGM TRUCKING LLC 4363 SOUTH 89TH STREET OMAHA, NE 68118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$850.00</u>
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3.905	Nonpriority creditor's name and mailing address PARTNERS FUNDING INC 4015 HAYDEN LANE PASCO, WA 99301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
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3.906	Nonpriority creditor's name and mailing address PATRIOT STAR LLC DBA PATRIOT STAR 1676 E SEMORAN BLVD STE 5 APOPKA, FL 32703 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,000.00</u>
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3.907	Nonpriority creditor's name and mailing address PAUL EXPRESS, INC. P.O. BOX 40010 BAKERSFIELD, CA 93313 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,000.00</u>
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3.908	Nonpriority creditor's name and mailing address PAULS PRIORITY TRUCKS INC. 1685 GREENFIELD LOOP EMMETT, ID 83617 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,750.00</u>
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Debtor	MEADOW LARK AGENCY, INC. <small>Name</small>		Case number (if known)
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3.909	Nonpriority creditor's name and mailing address PAVEX LLC 90 ROSS RD CEDARVILLE, WA 98568 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.910	Nonpriority creditor's name and mailing address PAVUK LAW PLLC 1555 CAMPUS WAY, SUITE 202E BILLINGS, MT 59102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ATTORNEY FEES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$767.00
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3.911	Nonpriority creditor's name and mailing address PB FREIGHTWAYS INC 106 ALLERTON DR SCHAUMBURG, IL 60007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.912	Nonpriority creditor's name and mailing address PB03 TRANSPORT LTD 7 FREELAND HOLLOW BRAMPTON, ON L6Y 0R6 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,650.00
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3.913	Nonpriority creditor's name and mailing address PEACE EXPRESS INC 113 MCHENRY ROAD #278 BUFFALE GROVE, IL 60090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.914	Nonpriority creditor's name and mailing address PEACOCK CLEANING 2115 GRAND AVE BILLINGS, MT 59102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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3.915	Nonpriority creditor's name and mailing address PEGASUS GLOBAL LOGISTICS INC 110 W 6TH ST UNIT 861 AZUSA, CA 75019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,400.00
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Debtor	MEADOW LARK AGENCY, INC. Name _____	Case number (if known) _____
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3.916	Nonpriority creditor's name and mailing address PELAKI LLC 3214 BRIARGROVE LN SAN ANGELO, TX 76903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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3.917	Nonpriority creditor's name and mailing address PEOPLESYSTEMS PO BOX 4816 SYRACUSE, NY 13221-4816 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$525.00
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3.918	Nonpriority creditor's name and mailing address PERMANENT INK LLC 900 WENDELL COURT SW ATLANTA, GA 30336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.919	Nonpriority creditor's name and mailing address PETERS TRUCKING LLC 832 GOZA ROAD FAYETVILLE, GA 30215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,850.00
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3.920	Nonpriority creditor's name and mailing address PG UNITED LLC 9137 LEAH MEADOW LN CHARLOTTE, NC 28208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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3.921	Nonpriority creditor's name and mailing address PGP TRUCKING LLC 199 METCALF ROAD MANSFIELD, LA 71052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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3.922	Nonpriority creditor's name and mailing address PHILIP C NAWROCKI TRUCKING LLC 7245 CATALPA AVE HIGHLAND, CA 92346 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.923	Nonpriority creditor's name and mailing address PINEDO JACKSON TRUCKING LLC 23 NEELY RUN NEWNAN, GA 30288 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.924	Nonpriority creditor's name and mailing address PINEWOOD TRANSPORT LTD 1651 REFUGEE RD COLUMBUS, OH 43207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.925	Nonpriority creditor's name and mailing address PIQUA TRANSFER & STORAGE 9782 LOONEY ROAD PIQUA, OH 45356 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.926	Nonpriority creditor's name and mailing address PITNEY BOWES LEASE AGREEMENT 3001 SUMMER ST. STAMFORD, CT 06905 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>COPIER LEASE AGREEMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.927	Nonpriority creditor's name and mailing address PITTMAN TRANSFER INC 893 OLD JONAS RIDGE RD NEWLAND, NC 28657 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.928	Nonpriority creditor's name and mailing address PLATINUM SERVICES INC 1733 N EMERALD BAY, UNIT 6 PALATINE, IL 60067 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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3.929	Nonpriority creditor's name and mailing address POINTDIRECT TRANSPORT, INC. 19083 MERMAK AVE LAKE ELSINORE, CA 92337 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,840.00
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Debtor	MEADOW LARK AGENCY, INC. <small>Name</small>		Case number (if known)
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3.930	Nonpriority creditor's name and mailing address PORTER HAULING PO BOX 128 MERIDAIN, ID 83646 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.931	Nonpriority creditor's name and mailing address POWELL TRANSPORTATION CO INC 2348 US HWY 98 EAST COLUMBIA, MS 39429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.932	Nonpriority creditor's name and mailing address PRECISION TRANSPORTATION LLC 9420 N MERIDIAN AVE FRESNO, CA 93720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,850.00
3.933	Nonpriority creditor's name and mailing address PREMIER ONE ENTERPRISES 3110 287TH ST CRAWFORDSVILLE, IA 52353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00
3.934	Nonpriority creditor's name and mailing address PRESTIGIOUS LLC 89 GEORGIA AVENUE WRIGHTSVILLE, GA 31096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.935	Nonpriority creditor's name and mailing address PRIDE TRANS 9318 PILGRIM HEIGHTS DR BAKERSFIELD, CA 93313 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,100.00
3.936	Nonpriority creditor's name and mailing address PRIME TRUCKING INC 8332 OAK PARK AVE BURBANK, IL 60455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$975.00

	Debtor MEADOW LARK AGENCY, INC.	Case number (if known) _____
	Name _____	

3.937	Nonpriority creditor's name and mailing address PRO INTERSTATE TRUCKING INC 2724 COLLINS CRES SW EDMONTON, AB T6W 3X4 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,700.00</u>
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3.938	Nonpriority creditor's name and mailing address PRO STAR LOGISTIC INC 22328 88TH AVE H104 KENT, WA 98031 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
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3.939	Nonpriority creditor's name and mailing address PRO TRUCKING INC 77917 209TH STREET ALBERT LEA, MN 56007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.940	Nonpriority creditor's name and mailing address PROGENY CLAIM SERVICE 14540 MAXWELL COURT NAPLES, FL 34109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,720.00</u>
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3.941	Nonpriority creditor's name and mailing address PROLEAD TRANSPORT INC 241 S FRONTAGE RD STE 39 BURR RIDGE, IL 60527 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,450.00</u>
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3.942	Nonpriority creditor's name and mailing address PROLOAD TRANSPORT LLC 935 E 3000 N TRLR 14 LAYTON, UT 84040 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,350.00</u>
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3.943	Nonpriority creditor's name and mailing address PUNTNEY TRUCKING LLC 117 S PARKWAY COLUMBUS, NE 68601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,700.00</u>
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Debtor	MEADOW LARK AGENCY, INC. Name	Case number (if known) _____
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3.944	Nonpriority creditor's name and mailing address QUALITY EXPRESS CORP 6051 E FRAZIER DR POST FALLS, ID 83854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
3.945	Nonpriority creditor's name and mailing address QUALITY LOGISTICS LLC 118 CLEAR MEADOWS DR BALLWIN, MO 77498 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.946	Nonpriority creditor's name and mailing address QUALITY REFRIGERATED TRANSPORT 29 E PALATINE ROAD ELK GROVE VILLAGE, IL 60070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,150.00
3.947	Nonpriority creditor's name and mailing address QUALITY TRANSPORT LLC 4300 STONEMEADOW CT LOUISVILLE, KY 40220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.948	Nonpriority creditor's name and mailing address QUEENSWAY TRUCK LINES LLC 1630 MAIN ST BLAKELY, PA 18508 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.949	Nonpriority creditor's name and mailing address QUICK TRANSPORT LLC 1900 TOWER DRIVE KAUKAUNA, WI 54130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.950	Nonpriority creditor's name and mailing address QUICK TRUCKING LLC 2306 JULIA LN FORNEY, TX 75126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.951	Nonpriority creditor's name and mailing address QUILES TRANSPORT LLC 355 CENTURA DR ORANGE PARK, FL 32703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
3.952	Nonpriority creditor's name and mailing address R & H TRANSPORT SERVICE LLC 8259 MARWITHE CT NEW ALBANY, OH 43054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
3.953	Nonpriority creditor's name and mailing address R & J FREIGHT LLC 8787 WOODWAY DR#6201 HOUSTON, TX 77055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.954	Nonpriority creditor's name and mailing address R D L TRUCKING 1850 N 202ND AVE BUCKEYE, AZ 85326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.955	Nonpriority creditor's name and mailing address R G M TRANSPORTATION LLC PO BOX 1302 BETHEL, PA 19507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,850.00
3.956	Nonpriority creditor's name and mailing address R MANN TRUCKING LTD 2770 VICTORIA ST ABBOTSFORD, BC V4X 2M2 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.957	Nonpriority creditor's name and mailing address R MOODY TRUCKING L.L.C. 166 MACON PRICE RD GARYSBURG, NC 27831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00

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3.958	Nonpriority creditor's name and mailing address R MOVERS LLC 3006 MOELLING LANE WOODWARD, OK 73801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AGENT CONTRACT TRANSPORTATION SERVICES AGREEMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.959	Nonpriority creditor's name and mailing address R6 TRUCKING INC 6516 S KEATING CHICAGO, IL 60544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.960	Nonpriority creditor's name and mailing address RAIDER LOGISTICS 80 EASTERN AVE, UNIT 7 CALEDON EAST, ON L7C 2X6 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.00
3.961	Nonpriority creditor's name and mailing address RAINEY BROS. INC 3021 PIONEER RD HOMEDALE, ID 83660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.962	Nonpriority creditor's name and mailing address RALPH SMITH COMPANY 2471 S. 150 W. BOUNTIFUL, UT 84087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.963	Nonpriority creditor's name and mailing address RAM TRUCKING GROUP, LLC 620 N CHURCH ST UNIT 1901 CHARLOTTE, NC 28273 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
3.964	Nonpriority creditor's name and mailing address RANDY SMITH 2310 73RD AVE SE BUCHANAN, ND 58420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00

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3.965	Nonpriority creditor's name and mailing address RAPID RESPONSE INC 155 ENTERPRISE DRIVE WENTZVILLE, MO 63385 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,100.00</u>
<hr/>			
3.966	Nonpriority creditor's name and mailing address RAPID RIVER LOGISTICS LLC 10820 US HWY 41 RAPID RIVER, MI 49878 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$800.00</u>
<hr/>			
3.967	Nonpriority creditor's name and mailing address RAPK INVESTMENTS LLC 4917 BRIDGEWATER DR ARLINGTON, TX 76010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,100.00</u>
<hr/>			
3.968	Nonpriority creditor's name and mailing address RC BONILLA TRUCKING LLC 2004 MISSISSIPI ST BAYTOWN, TX 77523 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,200.00</u>
<hr/>			
3.969	Nonpriority creditor's name and mailing address RCS TRANSPORT, LLC PO BOX 901, 208 PROVIDENCE LANE PETERSBURG, WV 26847 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,200.00</u>
<hr/>			
3.970	Nonpriority creditor's name and mailing address RCS TRANSPORT, LLC PO BOX 901, 208 PROVIDENCE LANE PETERSBURG, WV 26847 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,200.00</u>
<hr/>			
3.971	Nonpriority creditor's name and mailing address RD TRUCKING SERVICES LLC 291 N 300 W MALAD CITY, ID 83252 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,150.00</u>

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3.972	Nonpriority creditor's name and mailing address RDJ TRUCKING 129 S OAK ACRE DR MARTINTON, IL 60436 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.973	Nonpriority creditor's name and mailing address RECOMMERCE GROUP INC 2110 FIFTH AVENUE RONKONKOMA, NY 10035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.974	Nonpriority creditor's name and mailing address RED LION TRUCKING LLC 8235 STRATFORD CANYON DR CYPRESS, TX 77433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
3.975	Nonpriority creditor's name and mailing address RED SEA TRUCKING LLC 16706 VILLAGE VIEW TRAIL SUGARLAND, TX 77479 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
3.976	Nonpriority creditor's name and mailing address REDLINE CARRIERS LLC 4708 POPLAR DR FORT WORTH, TX 76063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.977	Nonpriority creditor's name and mailing address REES LOGISTICS CO LLC PO BOX 759 LICKING, MO 65542 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.978	Nonpriority creditor's name and mailing address REIGN TRUCKING & LOGISTICS LLC 112 MILL CREEK RD VANCE, SC 29163 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTED CARRIER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$725.00

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3.979	Nonpriority creditor's name and mailing address REINERT HAY COMPANY LLC PO BOX 16 DAWN, TX 79045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,300.00</u>
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3.980	Nonpriority creditor's name and mailing address REINSFELDER INC 108 PLUNKETT DR ZELIENOPLE, PA 16063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,450.00</u>
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3.981	Nonpriority creditor's name and mailing address RENOVO DATA 6 W DRUID HILLS DR, NE BROOKHAVEN, GA 30329 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,242.79</u>
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3.982	Nonpriority creditor's name and mailing address RENTERIA LOGISTICS LLC 12636 PANORAMA DR BURLESON, TX 76028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.983	Nonpriority creditor's name and mailing address RETIRED DUDE ENTERPRISES LLC 131 LEGEND LN KERRVILLE, TX 78028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,050.00</u>
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3.984	Nonpriority creditor's name and mailing address RETZKO LONG LTD 4722 N CLAY ST DENVER, CO 80216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.985	Nonpriority creditor's name and mailing address REV CAPITAL 1098 S TAMARACK DR APT 505 MT PROSPECT, IL 60056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,300.00</u>
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3.986	Nonpriority creditor's name and mailing address REY DE REYES TRUCKING LLC 7913 CHAPA RD MERCEDES, TX 78586 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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3.987	Nonpriority creditor's name and mailing address RG TRANSPORT LLC 671 NEX AVE APT 221 IOWA CITY, IA 52245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.988	Nonpriority creditor's name and mailing address RHZ TRUCKING 260 VALLEY VIEW AVE LAS CRUCES, NM 88005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.989	Nonpriority creditor's name and mailing address RICHARD ALLEN MUMPOWER DBA MUMPOWER TRUC 10576 FISH AND GAME RD WAYNESBORO, PA 17268 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
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3.990	Nonpriority creditor's name and mailing address RICHARD LYNN TRUCKING, INC 7944 SW 5TH ST NORTH LAUDERDALE, FL 92508 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,300.00
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3.991	Nonpriority creditor's name and mailing address RICHARD ROBERT ZAPOLI 342 ELKINS LK HUNTSVILLE, TX 77320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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3.992	Nonpriority creditor's name and mailing address RICHLAND FREIGHTLINES INC 1506 VANDELAY CT CERES, CA 95351 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.993	Nonpriority creditor's name and mailing address RIGHT-A-WAY TRANSPORTS AND LOGISTICS, LL 706 REMINGTON WALK CT HOUSTON, TX 77055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,380.00</u>
3.994	Nonpriority creditor's name and mailing address RITCH TRUCKING INC 522 HIGH FALLS PARK ROAD BARNESVILLE, GA 30204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,000.00</u>
3.995	Nonpriority creditor's name and mailing address RITTER TRANSPORT, LLC 5030 MARCYS WAY TALLAHASSEE, FL 32308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$700.00</u>
3.996	Nonpriority creditor's name and mailing address RIVERBEND TRUCKING LLC 9018 72ND AVE HUDSONVILLE, MI 49315 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.997	Nonpriority creditor's name and mailing address RJ FREIGHT INC 2840 AUDREYS WAY EAST LANSING, MI 48075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.998	Nonpriority creditor's name and mailing address RJ ROAD CARRIER INC 1689 ROCKPORT ST WINDSOR, ON N9A 4C4 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,875.00</u>
3.999	Nonpriority creditor's name and mailing address RK LOGISTICS LLC 102 WORTYLKO STREET CARTERET, NJ 07090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Name

3.100 0	Nonpriority creditor's name and mailing address RKG LOGISTICS LLC 1820 HILL DR PALMVIEW, TX 78572 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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3.100 1	Nonpriority creditor's name and mailing address RLS HUTT TRANSPORTATION LLC 2185 MAIN RD NEWFIELD, NJ 08344 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.100 2	Nonpriority creditor's name and mailing address RM TRUCKING INC 1409 E OLIVE CT SUITE B # 1 FORT COLLINS, CO 80524 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
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3.100 3	Nonpriority creditor's name and mailing address ROAD LINK EXPRESS INC 13743 ABERDEEN STREET NE STE A HAM LAKE, MN 55304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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3.100 4	Nonpriority creditor's name and mailing address ROADMAZE TRANSPORT LLC 224 DEER TRACKS CIR BIG COVE, AL 35763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,450.00
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3.100 5	Nonpriority creditor's name and mailing address ROADRUNNER STEEL INC 5175 W MISSOURI AVE LAS VEGAS, NV 89101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.100 6	Nonpriority creditor's name and mailing address ROADWAY TRANSPORT LLC 37 UPLAND COURT NE LUDOWICI, GA 31316 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.100 7	Nonpriority creditor's name and mailing address ROALRO LOGISTIC LLC 15443 CIELO AZUL LN CHANNELVIEW, TX 77530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.100 8	Nonpriority creditor's name and mailing address ROBERT D XPRESSWAY LLC 1008 ESTATES DRIVE KENNEDALE, TX 75050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
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3.100 9	Nonpriority creditor's name and mailing address ROBERT F METTES PO BOX 2170 RED LODGE, MT 59068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONSULTANT FEE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
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3.101 0	Nonpriority creditor's name and mailing address ROBERTO SUAREZ 5505 RIO DRIVE MISSION, TX 78572 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.101 1	Nonpriority creditor's name and mailing address ROCK UNIVERSAL TRUCKING LLC 18511 WINDY STONE DR HOUSTON, TX 77060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101 2	Nonpriority creditor's name and mailing address ROCKDALE TRANSPORT SERVICES, INC. P.O. BOX480 CAIRO, GA 39828 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
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3.101 3	Nonpriority creditor's name and mailing address ROCKHEAD INC DBA ROCKHEAD LOGISTICS 3985 BEN HUR AVE WILLOUGHBY, OH 44094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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Name

3.101 4	Nonpriority creditor's name and mailing address ROD CLARKE TRUCKING, LLC P. O. BOX 68 VICTOR, MT 59875 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101 5	Nonpriority creditor's name and mailing address ROLLIN TRANSPORT LLC PO BOX 7 RICHFIELD, WI 53076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
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3.101 6	Nonpriority creditor's name and mailing address ROMEKA TRANSPORT INC 2900 GREEN ASH COURT CONROE, TX 77301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101 7	Nonpriority creditor's name and mailing address RORA FREIGHT LLC 9010 MARKVILLE DR #421 DALLAS, TX 75043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
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3.101 8	Nonpriority creditor's name and mailing address ROSE CANYON LLC 3360 BIG FLAT RD TRLR 4 MISSOULA, MT 59804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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3.101 9	Nonpriority creditor's name and mailing address ROYAL FREIGHT LLC 175 SWEETGUM LN SPRINGBORO, OH 45417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
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3.102 0	Nonpriority creditor's name and mailing address ROYAL PEAK INC 947 OAK RIDGE BLVD ELGIN, IL 60123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.102 1	Nonpriority creditor's name and mailing address ROYAL REGAL INC 205 W. GRAND AVENUE BENSENVILLE, IL 60106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.102 2	Nonpriority creditor's name and mailing address ROYAL TRANSPORTATION 73 BUCK RD HUNTINGDON VALLEY, PA 19006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,250.00
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3.102 3	Nonpriority creditor's name and mailing address RS ENTERPRISES LLC 8800 N 220 ROAD BEGGS, OK 73541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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3.102 4	Nonpriority creditor's name and mailing address RSS RECOVERY SOLUTIONS SERVICES LLC C/O THE FUENTES FIRM 5507 LOUETTA RD STE A SPRING, TX 77379 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 5	Nonpriority creditor's name and mailing address RUBY JUNE TRANSPORT LLC 265 STRECKER DR TALLMADGE, OH 43569 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.102 6	Nonpriority creditor's name and mailing address RUSSELL FREIGHT SYSTEMS, LLC 2626 COLE AVE DALLAS, TX 75204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 7	Nonpriority creditor's name and mailing address RXR TRANSPORTATION INC 2050 ACACIA AVE SUTTER, CA 95993 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.102
8 Nonpriority creditor's name and mailing address **RYDER TRUCK RENTAL INC.
P.O. BOX 96723
CHICAGO, IL 60693-6723** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: **GUARANTOR ON LOAN (DEFICIENCY ON TRUCKS
BEING SURRENDERED)**

Is the claim subject to offset? ☒ No ☐ Yes

3.102
9 Nonpriority creditor's name and mailing address **S & L TRUCKING LLC
748 SCOTT STREET
SENATOBIA, MS 38668** As of the petition filing date, the claim is: *Check all that apply.* **\$1,350.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: **CONTRACTED CARRIER**

Is the claim subject to offset? ☒ No ☐ Yes

3.103
0 Nonpriority creditor's name and mailing address **S&D DELIVERIES LLC
7083 FRINGE FLOWER DR
AUSTELL, GA 30168** As of the petition filing date, the claim is: *Check all that apply.* **\$900.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: **CONTRACTED CARRIER**

Is the claim subject to offset? ☒ No ☐ Yes

3.103
1 Nonpriority creditor's name and mailing address **S&S TRANSPORTS LLC
1400 88TH AVENUE CT
GREELEY, CO 80631** As of the petition filing date, the claim is: *Check all that apply.* **\$3,200.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: **CONTRACTED CARRIER**

Is the claim subject to offset? ☒ No ☐ Yes

3.103
2 Nonpriority creditor's name and mailing address **SADONJA ENTERPRISE LLC
19 BERGEN AVE
JERSEY CITY, NJ 07306** As of the petition filing date, the claim is: *Check all that apply.* **\$2,800.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: **CONTRACTED CARRIER**

Is the claim subject to offset? ☒ No ☐ Yes

3.103
3 Nonpriority creditor's name and mailing address **SAFE & SOUND LOGISTICS LLC
8630 BROOKVILLE RD
INDIANAPOLIS, IN 46225** As of the petition filing date, the claim is: *Check all that apply.* **\$500.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: **CONTRACTED CARRIER**

Is the claim subject to offset? ☒ No ☐ Yes

3.103
4 Nonpriority creditor's name and mailing address **SAFE LOGISTICS LLC
12660 BURT RD SUITE B
DETROIT, MI 48223** As of the petition filing date, the claim is: *Check all that apply.* **\$3,800.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: **CONTRACTED CARRIER**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.103 5	Nonpriority creditor's name and mailing address SAFESTAR TRUCKING LLC 9474 PALO ALTO ST RCH CUCAMONGA, CA 91730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,975.00
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3.103 6	Nonpriority creditor's name and mailing address SAFETY CARE INC 1288 SEBRING CIR ELGIN, IL 60120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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3.103 7	Nonpriority creditor's name and mailing address SAGAT TRANSPORTATION LLC 14904 SIMMONS GROVE DR HAYMARKET, VA 22427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.103 8	Nonpriority creditor's name and mailing address SAILY EXPRESS LLC 3601 SAN CARLOS AVE LAS VEGAS, NV 89115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,600.00
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3.103 9	Nonpriority creditor's name and mailing address SAM LLC 549 TYRONE RD TYRONE, GA 30290 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
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3.104 0	Nonpriority creditor's name and mailing address SAMAN TRANSPORT LLC 8719 CHAPADA HIGHLANDS DR CYPRESS, TX 77063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
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3.104 1	Nonpriority creditor's name and mailing address SANKER AUTOMOTIVE LLC 3512 BLUEBUSH RD MONROE, MI 48162 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,575.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">3.104 2</div>	Nonpriority creditor's name and mailing address SANMAR CORPORATIONS PO BOX 34060 SEATTLE, WA 98124-1060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$317.02
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<div style="border: 1px solid black; padding: 2px;">3.104 3</div>	Nonpriority creditor's name and mailing address SAR CONTRACTING LLC 1120 W WALNUT ST PO BOX 33 SUMMITVILLE, IN 46070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
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<div style="border: 1px solid black; padding: 2px;">3.104 4</div>	Nonpriority creditor's name and mailing address SASD TRANSPORTATION LLC 139 MANTLEBROOK DR DESOTO, TX 75115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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<div style="border: 1px solid black; padding: 2px;">3.104 5</div>	Nonpriority creditor's name and mailing address SAYER DELIVERY SERVICE INC P O BOX 680808 PRATTVILLE, AL 36067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
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<div style="border: 1px solid black; padding: 2px;">3.104 6</div>	Nonpriority creditor's name and mailing address SCHMITS TRUCKING LLC 581 NARROWS RD NEW BLOOMFIELD, PA 17536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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<div style="border: 1px solid black; padding: 2px;">3.104 7</div>	Nonpriority creditor's name and mailing address SCHWARZ LOGISTICS CORP 1738 IRISH INIDAN TRAIL JOLIET, IL 60436 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,350.00
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<div style="border: 1px solid black; padding: 2px;">3.104 8</div>	Nonpriority creditor's name and mailing address SCOTT SIMMONS TRANSPORT LLC 36830 SAND HILL RD LONG BOTTOM, OH 44870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.104 9	Nonpriority creditor's name and mailing address SD HOWARD ENTERPRISES LLC 100 JAMES LIN CIR KYLE, TX 78640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.105 0	Nonpriority creditor's name and mailing address SDL CARRIERS INC 3001 GEORGE MARTIN DR LAREDO, TX 78045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,300.00
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3.105 1	Nonpriority creditor's name and mailing address SDM LOGISTIC & TRUCKING CORP 6507 OCEAN DR MARGATE, FL 33172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.105 2	Nonpriority creditor's name and mailing address SEEGER'S TRUCK LINES INC P O BOX 392 DENVER, IA 50622 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
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3.105 3	Nonpriority creditor's name and mailing address SEEKER LOGISTICS LLC 1919 TAYLOR ST STE F # 1402 HOUSTON, TX 77049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.105 4	Nonpriority creditor's name and mailing address SELAM14 TRUCKING LLC 9737 AMBERTON PKWY APT 1030 DALLAS, TX 75235 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,650.00
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3.105 5	Nonpriority creditor's name and mailing address SERVICE TRUCKING CO., INC. PO BOX 4033 LYNCHBURG, VA 24502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

<div style="border: 1px solid black; padding: 2px;">3.105 6</div>	Nonpriority creditor's name and mailing address SHAKE & BAKE TRANSPORTATION LLC 1472 WILDERNESS WAY CLARKSVILLE, TN 37042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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<div style="border: 1px solid black; padding: 2px;">3.105 7</div>	Nonpriority creditor's name and mailing address SHALOM TRANS LLC 297 SHILOH CROSSING DR AVON, IN 46123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
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<div style="border: 1px solid black; padding: 2px;">3.105 8</div>	Nonpriority creditor's name and mailing address SHANNON MICHELLE SPECK 2977 ROBERTS MOUNTAIN RD MYRTLE CREEK, OR 97457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,800.00
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<div style="border: 1px solid black; padding: 2px;">3.105 9</div>	Nonpriority creditor's name and mailing address SHARK EXPRESS LLC 6768 CYPRESS DR NORTH OLMSTED, OH 44149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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<div style="border: 1px solid black; padding: 2px;">3.106 0</div>	Nonpriority creditor's name and mailing address SHEER TRANSPORT LLC 129 BIRCH HOLLOW RD MORGANTOWN, WV 26508 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,775.00
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<div style="border: 1px solid black; padding: 2px;">3.106 1</div>	Nonpriority creditor's name and mailing address SHIVDEV TRUCKING LTD 3021 14A AVE NW EDMONTON, AB T6T 0Z2 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px;">3.106 2</div>	Nonpriority creditor's name and mailing address SHL LOGISTICS LLC 664 THE HEIGHTS LN CALERA, AL 35040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,362.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.106 3	Nonpriority creditor's name and mailing address SHOOTEM UP TRANSPORTATION LLC 60 KEVIN CIR ODESSA, TX 79761 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.106 4	Nonpriority creditor's name and mailing address SHORT RUN LLC 6702 MCINTOSH RD OXFORD, AL 36203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.106 5	Nonpriority creditor's name and mailing address SIGHTS TRUCKING LLC 5933 CATES AVE SAINT LOUIS, MO 62040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.106 6	Nonpriority creditor's name and mailing address SILVA EXPRESS TRANSPORT LLC 1189 DYGERT CT CLARKSVILLE, TN 37042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 7	Nonpriority creditor's name and mailing address SILVER EAGLE TRANSPORTATION PO BOX 518 SCOTTSBORO, AL 35769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 8	Nonpriority creditor's name and mailing address SILVER EXPRESS AZ LLC 4537 CROFTSHIRE DR DAYTON, OH 45440 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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3.106 9	Nonpriority creditor's name and mailing address SILVERLINE MOBILE CONCRETE, L.L.C. 701 14TH AVE S DENISON, IA 51442 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$725.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.107 0	Nonpriority creditor's name and mailing address SIMF TRANS INCORPORATED 232 HIGHLAND RD WILLOWBROOK, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
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3.107 1	Nonpriority creditor's name and mailing address SIMON LACHANCE TRUCKING LLC 1311 PINECREST STREET OLLA, LA 71465 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.107 2	Nonpriority creditor's name and mailing address SJOQUIST HAY & STRAW INC 11780 COUNTY 1 BLVD GOODHUE, MN 55027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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3.107 3	Nonpriority creditor's name and mailing address SJW TRUCKING AND DELIVERIES LLC 320 THORNTON RD STE 109 LITHIA SPRING, GA 30122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 4	Nonpriority creditor's name and mailing address SKOGQUIST COMPANIES INC 14201 XENON ST NW UNIT 15 RAMSEY, MN 55303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 5	Nonpriority creditor's name and mailing address SKS LOGISTICS LLC PO BOX 3962 BAY ST. LOUIS, MS 39420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.107 6	Nonpriority creditor's name and mailing address SKS TRANSPORTATION LLC 1335 MYSTIC RIVER LN ROSENBERG, TX 77471 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.107 7	Nonpriority creditor's name and mailing address SKY BLUE TRUCKING INC 5817 E BROADWAY AVE TAMPA, FL 33619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,400.00
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3.107 8	Nonpriority creditor's name and mailing address SKY DREAM INC 5029 BAYLEAF DR STERLING HTS, MI 48310 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250.00
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3.107 9	Nonpriority creditor's name and mailing address SKY SERVICES INC PO BOX 432 BRUSH PRAIRIE, WA 98662 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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3.108 0	Nonpriority creditor's name and mailing address SKYLINE ENTERTAINMENT LLC 2036 LAKESHORE BLVD S SLIDELL, LA 70458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,725.00
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3.108 1	Nonpriority creditor's name and mailing address SKYWAY EXPRESS LLC 4616 THISTLE CREEK CT FORT WORTH, TX 76179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
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3.108 2	Nonpriority creditor's name and mailing address SLICKONE TRUCKING INC. 4601 W MARTIN LUTHER KING JR BLVD 273 LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
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3.108 3	Nonpriority creditor's name and mailing address SLONE TRUCKING LLC 1655 FRIENDSHIP RD GREENVILLE, KY 42345 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.108 4	Nonpriority creditor's name and mailing address SMALL'S ELITE TRANSPORTATION INC 6481 S MILLBROOK WAY AURORA, CO 80012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,850.00
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3.108 5	Nonpriority creditor's name and mailing address SMALSAR ENTERPRISES INC 67 CITYSCAPE GROVE NE CALGARY, AB T2E 7T8 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,200.00
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3.108 6	Nonpriority creditor's name and mailing address SMART TRANS LOGISTICS INC 6111 KNOLLWOOD RD APT 103 WILLOWBROOK, IL 60181 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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3.108 7	Nonpriority creditor's name and mailing address SME LOGISTICS LLC 5801 W WELLS PARK RD WEST JORDAN, UT 84081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.108 8	Nonpriority creditor's name and mailing address SMITH BROTHERS TRUCKING, INC. PO BOX 848 BARDSTOWN, KY 40004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.108 9	Nonpriority creditor's name and mailing address SMITH WAY TRUCKING LLC 14100 WILL CLAYTON PKWY APT 5301 CONROE, TX 77304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.109 0	Nonpriority creditor's name and mailing address SMOKEY POINT DISTRIBUTING PO BOX 677311 DALLAS, TX 98223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.109 1	Nonpriority creditor's name and mailing address SMOOTH TRUCKING LLC PO BOX 188 LOGAN, IA 51546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 2	Nonpriority creditor's name and mailing address SMOTHERS TRUCKING LLC 845 E LIBERTY ST MILL SHOALS, IL 62862 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,950.00
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3.109 3	Nonpriority creditor's name and mailing address SMS TRANSPORTATION AND LOGIS 1295 SOUTH BROWN SCHOOL RD VANDALIA, OH 45377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 4	Nonpriority creditor's name and mailing address SNM LOGISTICS LLC 101 BATEMAN ROAD OAKDALE, PA 15071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 5	Nonpriority creditor's name and mailing address SNOW & SNOW TRANSPORTATION LLC 6412 BRANDON AVE #159 SPRINGFIELD, VA 20166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
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3.109 6	Nonpriority creditor's name and mailing address SNOWLINE TRANSPORTATION, LLC PO BOX 17050 MISSOULA, MT 59808 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,475.00
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3.109 7	Nonpriority creditor's name and mailing address SOBIK TRANSPORTATION INC 1975 CONGROVE DR AURORA, IL 60532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,700.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">3.109 8</div>	Nonpriority creditor's name and mailing address SOCAL AMS BROS INC 2705 WARDLOW AVE SAN DIEGO, CA 92105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
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<div style="border: 1px solid black; padding: 2px;">3.109 9</div>	Nonpriority creditor's name and mailing address SOHA TRANSPORT LLC 386 SOUTH STREET NEWARK, NJ 07105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,100.00
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<div style="border: 1px solid black; padding: 2px;">3.110 0</div>	Nonpriority creditor's name and mailing address SOLE TRUCKING LLC 13307 NORTHSRING BEND LANE CYPRESS, TX 77429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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<div style="border: 1px solid black; padding: 2px;">3.110 1</div>	Nonpriority creditor's name and mailing address SOLID TRANS CORP 13552 SW 64TH LN MIAMI, FL 33183 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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<div style="border: 1px solid black; padding: 2px;">3.110 2</div>	Nonpriority creditor's name and mailing address SOLUCION SERVICES USA LLC 3215 WESTPHALL CT DULUTH, GA 30096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,200.00
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<div style="border: 1px solid black; padding: 2px;">3.110 3</div>	Nonpriority creditor's name and mailing address SOS TRUCKING LLC 2063 STONE RIDGE DR TWIN FALLS, ID 83301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
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<div style="border: 1px solid black; padding: 2px;">3.110 4</div>	Nonpriority creditor's name and mailing address SOSA'S HAULING INC 817 SOUTH CALHOUN ST AURORA, IL 60505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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Name

3.110 5	Nonpriority creditor's name and mailing address SOTO BOYS EXPRESS LLC 711 N ALA MOANA ST ALTON, TX 78573 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,180.00
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3.110 6	Nonpriority creditor's name and mailing address SOUTH PARK MOTOR LINES DBA CAST TRANSPOR 9850 HAVANA STREET HENDERSON, CO 80640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,850.00
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3.110 7	Nonpriority creditor's name and mailing address SOUTHERN CHRISTIAN TRANSPORT 498 WHISTLING RUFUS ROAD PEMBROKE, NC 28372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.110 8	Nonpriority creditor's name and mailing address SOUTHERN SPECIALTY FREIGHT 572 HIGHWAY 70 PEGRAM, TN 37143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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3.110 9	Nonpriority creditor's name and mailing address SOUTHLAND TRANSPORTATION COMPANY 112 RIVER ROAD BOONVILLE, NC 27011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.111 0	Nonpriority creditor's name and mailing address SPARK PRIME LOGISTICS INC 13717 S ROUTE 30 STE 155 PLAINFIELD, IL 60544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,970.00
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3.111 1	Nonpriority creditor's name and mailing address SPECTRUM 400 WASHINGTON BLVD STAMFORD, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INTERNET</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.111 2	Nonpriority creditor's name and mailing address SPEEDY BROTHERS TRANSPORTATION LLC 5016S S 15000E RD PEMBROKE TWP, IL 60958 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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3.111 3	Nonpriority creditor's name and mailing address SPREEN & SONS TRUCKING LLC 8953 WILLIAMS RD WILLIAMS, IN 47470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
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3.111 4	Nonpriority creditor's name and mailing address SPRINGBROOK EXPRESS LLC 140 W PINE ST NEW AUBURN, WI 54757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.111 5	Nonpriority creditor's name and mailing address SSP TRUCK LINE INC 11 FOOT CRES CAMBRIDGE, ON L9T 5E5 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.111 6	Nonpriority creditor's name and mailing address ST MARTIN AND SONS TRUCKING INC 300 W BAYVIEW AVE PLEASANTVILLE, NJ 08232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,786.00
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3.111 7	Nonpriority creditor's name and mailing address STAHI LOAD CARE INC 1012 SOMMERSET COURT UNIT C ELGIN, IL 60156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,190.00
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3.111 8	Nonpriority creditor's name and mailing address STALLION LOGISTICS LLC 6255 HICKORY RIDGE CT YPSILANTI, MI 48174 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.111 9	Nonpriority creditor's name and mailing address STAR 32 INC PO BOX 831 MADHILL, OK 73446 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,300.00
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3.112 0	Nonpriority creditor's name and mailing address STAR CARRIERS INC 1251 PLUM GROVE ROAD #130B SCHAUMBURG, IL 60067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,950.00
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3.112 1	Nonpriority creditor's name and mailing address STARLIGHT EXPRESS LLC C/O RECOVERY OF JUDGMENT 1407 BROADWAY 29TH FLOOR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.112 2	Nonpriority creditor's name and mailing address STATELINE TRANSPORT LLC 1709 BRYANT ST MIDLAND, TX 79701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.112 3	Nonpriority creditor's name and mailing address STEELCASE FINANCIAL SERVICES INC. 901 44TH STREET S E GRAND RAPIDS, MI 49508 Date(s) debt was incurred <u>2/12/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>OFFICE PODS - ALL FURNITURE AND EQUIPMENT</u> <u>LEASED OR FINANCED FROM STEELCASE FINANCIAL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.112 4	Nonpriority creditor's name and mailing address STEELWORKS EXPRESS LLC 3900 WYOMING ST DEARBORN, MI 48126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,350.00
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3.112 5	Nonpriority creditor's name and mailing address STELLA EXPRESS 600 NAPLES CT #304 GLENVIEW, IL 60025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,650.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.112 6	Nonpriority creditor's name and mailing address STEP N OUT INC 4382 BITTER CREEK ROAD AFTON, WY 83110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,600.00
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3.112 7	Nonpriority creditor's name and mailing address STEPHEN DALE SPLAWN DBA ASAP TRUCKING, L 202 SHADYBROOK LN ATLANTA, TX 75551 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.00
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3.112 8	Nonpriority creditor's name and mailing address STEPHEN POLLOCK TRANSPORT LLC 3371 HART RD VALDOSTA, GA 31601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.112 9	Nonpriority creditor's name and mailing address STEPHENS CARRIERS INC PO BOX 220 HENDERSONVILLE, TN 37075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,950.00
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3.113 0	Nonpriority creditor's name and mailing address STERLING TRANSPORT TRUCKING LLC 618 GREYFORD DR LAFAYETTE, LA 70503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,325.00
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3.113 1	Nonpriority creditor's name and mailing address STEVENS TRUCKING COMPANY PO BOX 19608 OKLAHOMA CITY, OK 73036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.113 2	Nonpriority creditor's name and mailing address STINGRAY TRANSPORT LLC 361 COURTLEY CIRCLE ROCHESTER, NY 14615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.113 3	Nonpriority creditor's name and mailing address STOVERS TRUCKING 170 CHERRY RUN RD HOWARD, PA 15825 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,770.00
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3.113 4	Nonpriority creditor's name and mailing address STRATO PAY LLC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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3.113 5	Nonpriority creditor's name and mailing address STROMME TRANSPORT LLC 49600 455TH AVE PERHAM, MN 55379 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,825.00
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3.113 6	Nonpriority creditor's name and mailing address SUDDENLY TRANS LLC 151 WINFIELD DR NEW BRITAIN, CT 06037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,850.00
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3.113 7	Nonpriority creditor's name and mailing address SUGAR HOLLOW WATER SERVICES, LLC 21 SUGAR HOLLOW ROAD TUNKHANNOCK, PA 18657 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00
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3.113 8	Nonpriority creditor's name and mailing address SUN LAND STAR 3406 COUNTRY CLUB DR W #274 IRVING, TX 75038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.113 9	Nonpriority creditor's name and mailing address SVANI TRANSPORTATION INCORPORATED 1541 74TH ST 2FL BROOKLYN, NY 11228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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Name

3.114 0	Nonpriority creditor's name and mailing address SVB EXPRESS INC. 7625 SUNRISE BLVD #212 CITRUS HEIGHTS, CA 95610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,800.00
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3.114 1	Nonpriority creditor's name and mailing address SW AMERICA LLC 22948 E DESERT SPOON DR QUEEN CREEK, AZ 85043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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3.114 2	Nonpriority creditor's name and mailing address SWIFT FALCON TRANSPORTATION COMPANY LLC 4229 TOLLCROSS LN FORT WORTH, TX 76123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
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3.114 3	Nonpriority creditor's name and mailing address SWINGIN' C LLC 249 N BK 700 RD STIGLER, OK 74462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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3.114 4	Nonpriority creditor's name and mailing address T AND A FAMILY TRUCKING LLC 869 SALEM AVE ELYRIA, OH 44035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,200.00
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3.114 5	Nonpriority creditor's name and mailing address T AND C RELIABLE TRANSPORT INC 19503 SWAN VALLEY DRIVE CYPRESS, TX 77484 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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3.114 6	Nonpriority creditor's name and mailing address T M BROWN TRUCKING INC P O BOX 673 HOUSTON, MS 38851 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,250.00
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Name

<div style="border: 1px solid black; padding: 2px;">3.114 7</div>	Nonpriority creditor's name and mailing address TADD LLC W 225 S 9135 MT CARMEL RD BIG BEND, WI 53103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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<div style="border: 1px solid black; padding: 2px;">3.114 8</div>	Nonpriority creditor's name and mailing address TAG TRANS INC 7701 S GRANT ST SUITE D BURR RIDGE, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
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<div style="border: 1px solid black; padding: 2px;">3.114 9</div>	Nonpriority creditor's name and mailing address TAIMEN TRUCKLINES LLC 1209 POINTE CENTRE DR STE 205 CHATTANOOGA, TN 37421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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<div style="border: 1px solid black; padding: 2px;">3.115 0</div>	Nonpriority creditor's name and mailing address TBG COMPANYYS LLC 5205 HIGHWAY 25 MOUNTAIN IRON, MN 55768 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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<div style="border: 1px solid black; padding: 2px;">3.115 1</div>	Nonpriority creditor's name and mailing address TEAM-POWERED LLC 5547 CASA BATILLO DR KATY, TX 77493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
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<div style="border: 1px solid black; padding: 2px;">3.115 2</div>	Nonpriority creditor's name and mailing address TEPOKATZ FLATBED LLC PO BOX 94565 CLEVELAND, OH 44101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,850.00
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<div style="border: 1px solid black; padding: 2px;">3.115 3</div>	Nonpriority creditor's name and mailing address TERRY CAMPBELL 87 ED BROWN ST FOLKSTON, GA 31537 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.115 4	Nonpriority creditor's name and mailing address TERRY LANDRUM 450 ROME ROAD LANCING, TN 37770 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,100.00
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3.115 5	Nonpriority creditor's name and mailing address TESLA TRANSPORT 3924 W DEVON AVE STE 200H LINCOLNWOOD, IL 60712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115 6	Nonpriority creditor's name and mailing address TEXAS TRANSPORTATIONS 11907 CARRIGE RIDGE HOUSTON, TX 77032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.115 7	Nonpriority creditor's name and mailing address TEXSHED TRANSPORT LLC 5711 COUNTY ROAD 37 SELMA, AL 36703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,600.00
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3.115 8	Nonpriority creditor's name and mailing address TG LOGISTICS LLC 2 ROSEMARY CT LOS LUNAS, NM 87031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.115 9	Nonpriority creditor's name and mailing address THE AI FLEET INC DBA AIFLEET 200 E 6TH STREET AUSTIN, TX 78701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 0	Nonpriority creditor's name and mailing address THE GOLDEN DOLPHIN TRUCKING CO LLC 8149 AIRCENTER CT # 2205 ORLANDO, FL 32809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.116 1	Nonpriority creditor's name and mailing address THE KAPLAN TRUCKING COMPANY PO BOX 92618 CLEVELAND, OH 44125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
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3.116 2	Nonpriority creditor's name and mailing address THIMOTHEES IN AN OUT LOGISTICS LLC DBA I 1242 HUEY RD DOUGLASVILLE, GA 30134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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3.116 3	Nonpriority creditor's name and mailing address THIRD GENERATION TRANSPORT 5998 S 800 W PLEASANT LAKE, IN 46747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$805.00
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3.116 4	Nonpriority creditor's name and mailing address THREE CHIMNEY EXPRESS S2962 THREE CHIMNEY RD VIROQUA, WI 54665 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,950.00
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3.116 5	Nonpriority creditor's name and mailing address THREE TOWERS LOGISTICS LLC 1321 RIVERVIEW LN SEAGOVILLE, TX 75159 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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3.116 6	Nonpriority creditor's name and mailing address THTS TRANSPORT LLC 4631 W WALTANN LANE GLENDALE, AZ 85027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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3.116 7	Nonpriority creditor's name and mailing address TIGER TRANSPORT LLC 1024 RIVER DRIVE RIVER FALLS, WI 54701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.116 8	Nonpriority creditor's name and mailing address TIM PERLEBERG TRUCKING INC 317 NORTH 13TH STREET NEW ROCKFORD, ND 58458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,585.00
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3.116 9	Nonpriority creditor's name and mailing address TIM RYAN TRUCKING LLC 9815 E PARIS AVE SE CALEDONIA, MI 49316 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.117 0	Nonpriority creditor's name and mailing address TIMBER PRODUCTS OF IRON MOUNTAIN INC PO BOX 1032 IRON MOUNTAIN, MI 49801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.117 1	Nonpriority creditor's name and mailing address TIMDERIOUS RUBIN DBA RUBIN TRANSPORTATIO 405 GLENMORE CT LA VERGNE, TN 37207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
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3.117 2	Nonpriority creditor's name and mailing address TIMELINE TRANSPORTATION INC 3555 N NEVA AVE CHICAGO, IL 60010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.117 3	Nonpriority creditor's name and mailing address TKD TRUCK COMPANY PO BOX 2793 BIG BEAR CITY, CA 92314 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
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3.117 4	Nonpriority creditor's name and mailing address TKZ TRANSPORT LLC 117 E LOUISA ST #161 SEATTLE, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">3.117 5</div>	Nonpriority creditor's name and mailing address TONY GILL TRANSPORT INC 4 CAMPWOOD CRES BRAMPTON, ON L7C 0W9 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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<div style="border: 1px solid black; padding: 2px;">3.117 6</div>	Nonpriority creditor's name and mailing address TOP GEAR CARRIERS INC 36 SANDLEWOOD LN BARRINGTON, IL 60010 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px;">3.117 7</div>	Nonpriority creditor's name and mailing address TOTAL HAULING, LLC 2101 UNION MILL RD. NICHOLASVILLE, KY 40356 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
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<div style="border: 1px solid black; padding: 2px;">3.117 8</div>	Nonpriority creditor's name and mailing address TOW MAYHALL LLC 108 W BK 900 RD STIGLER, OK 74462 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px;">3.117 9</div>	Nonpriority creditor's name and mailing address TP TRUCKING LLC P O BOX 840402 LOS ANGELES, CA 90084 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px;">3.118 0</div>	Nonpriority creditor's name and mailing address TRAMAT LLC 6119A GREENVILLE AVE #306 DALLAS, TX 75243 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
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<div style="border: 1px solid black; padding: 2px;">3.118 1</div>	Nonpriority creditor's name and mailing address TRAMCOR CORPORATION 908 N 2000 WEST FARR WEST, UT 84404 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">3.118 2</div>	Nonpriority creditor's name and mailing address TRANHAUL TRANSPORT LTD 16523 132 STREET NW EDMONTON, AB T6V 0J5 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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<div style="border: 1px solid black; padding: 2px;">3.118 3</div>	Nonpriority creditor's name and mailing address TRANS GLOBAL EXPRESS INC 1536 ORCHARD CIR NAPERVILLE, IL 60563 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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<div style="border: 1px solid black; padding: 2px;">3.118 4</div>	Nonpriority creditor's name and mailing address TRANSASTRO CORPORATION PO BOX 16398 FORT WORTH, TX 76123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00
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<div style="border: 1px solid black; padding: 2px;">3.118 5</div>	Nonpriority creditor's name and mailing address TRANSNET LOGISTICS LLC 918 CARRINGTON DR. CHARLOTTE, NC 28208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
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<div style="border: 1px solid black; padding: 2px;">3.118 6</div>	Nonpriority creditor's name and mailing address TRANSPORT LOGIC LLC PO BOX 271 CASSVILLE, MO 65625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px;">3.118 7</div>	Nonpriority creditor's name and mailing address TRANSPORT MAFIA LLC 8048 E OLD STATE ROAD 144 MOORESVILLE, IN 47564 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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<div style="border: 1px solid black; padding: 2px;">3.118 8</div>	Nonpriority creditor's name and mailing address TRANSPORTATON ALLIANCE BANK 4185 HARRISON BLVD OGDEN, UT 84403 Date(s) debt was incurred <u>5/8/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES ETC.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">3.118 9</div>	Nonpriority creditor's name and mailing address TRANSPORTERS CHOICE LLP 5198 ROADRUNNER AVE FIRESTONE, CO 80131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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<div style="border: 1px solid black; padding: 2px;">3.119 0</div>	Nonpriority creditor's name and mailing address TRANSWEST EXPRESS INC 5406 CROSSINGS DR ROCKLIN, CA 95677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px;">3.119 1</div>	Nonpriority creditor's name and mailing address TRANSWORTH LEASING LLC 7413 WHITESVILLE RD SUITE 100A FORTSON, GA 31808 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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<div style="border: 1px solid black; padding: 2px;">3.119 2</div>	Nonpriority creditor's name and mailing address TRAVIS ROSE TRUCKING LLC 310 E 2ND ST REYNOLDS, IN 47980 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px;">3.119 3</div>	Nonpriority creditor's name and mailing address TREVIS BARNES D/B/A: BARNES TRUCKING 132 OTIS REDDING DR NATCHEZ, MS 39120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.00
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<div style="border: 1px solid black; padding: 2px;">3.119 4</div>	Nonpriority creditor's name and mailing address TRINITY XPRESS CORP 12430 SW 106 STREET MIAMI, FL 33173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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<div style="border: 1px solid black; padding: 2px;">3.119 5</div>	Nonpriority creditor's name and mailing address TRIPLE C TRANSPORT LLC 38370 W HWY 30 SNOWVILLE, UT 84336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">3.119 6</div>	Nonpriority creditor's name and mailing address TRIPLE T EXPRESS INC 883 REBECCA STREET LILBURN, GA 30047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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<div style="border: 1px solid black; padding: 2px;">3.119 7</div>	Nonpriority creditor's name and mailing address TROYANO TRUCKING & TRANSPORTATAION LLC 7016 SPUR RANCH RD ODESSA, TX 79765 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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<div style="border: 1px solid black; padding: 2px;">3.119 8</div>	Nonpriority creditor's name and mailing address TRUCK PROGRESS COMPANY 4 CLIFFSIDE CIRCLE DRIVE WILLOW SPRINGS, IL 60525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,150.00
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<div style="border: 1px solid black; padding: 2px;">3.119 9</div>	Nonpriority creditor's name and mailing address TRUCKLAND INC 8070 W RUSSELL RD #1012 LAS VEGAS, NV 89113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
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<div style="border: 1px solid black; padding: 2px;">3.120 0</div>	Nonpriority creditor's name and mailing address TRUCKSTOP.COM PO BOX 99 NEW PLYMOUTH, ID 83655 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,634.03
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<div style="border: 1px solid black; padding: 2px;">3.120 1</div>	Nonpriority creditor's name and mailing address TRUE INTEGRITY TRANSPORT LLC 3035 ASPEN HOLLOW LANE SUGARLAND, TX 77056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
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<div style="border: 1px solid black; padding: 2px;">3.120 2</div>	Nonpriority creditor's name and mailing address TRYON TRUCKING INC PO BOX 68 FAIRLESS HILLS, PA 19067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.120 3	Nonpriority creditor's name and mailing address TUNGUS LLC 1104 CLEAR CREEK CIR CLERMONT, FL 34711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,200.00
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3.120 4	Nonpriority creditor's name and mailing address TURBO VALLEY TRANSPORTATION 12 E MARS WAY UNIT C SANDY, UT 84070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.120 5	Nonpriority creditor's name and mailing address TURK TRANSPORTATION LLC 181 CENTENNIAL DR CARNEGIE, PA 15102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
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3.120 6	Nonpriority creditor's name and mailing address TURQUOISE TRUCKING 34 43RD AVE SW CEDAR RAPIDS, IA 52404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 7	Nonpriority creditor's name and mailing address TWENTY TWENTY LOGISTICS INC 1102 N ELLIS ST BENSENVILLE, IL 60106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.120 8	Nonpriority creditor's name and mailing address TWIN CITY TRANSPORT INC P O BOX 190118 LITTLE ROCK, AR 72209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
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3.120 9	Nonpriority creditor's name and mailing address TX FLY TRANSPORT LLC 112 DURANGO ST RIO GRANDE CITY, TX 78582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">3.121 0</div>	Nonpriority creditor's name and mailing address TY TRANSPORTATION INC 1601 W WALNUT ST UNIT 59 SANTA ANA, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.00
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<div style="border: 1px solid black; padding: 2px;">3.121 1</div>	Nonpriority creditor's name and mailing address TYEISHA MOORE HAULING LLC 170 JO CELESTE PETTWAY ROAD ALBERTA, AL 36720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
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<div style="border: 1px solid black; padding: 2px;">3.121 2</div>	Nonpriority creditor's name and mailing address U S & B TRANSPORT L L C 8546 SOUTHERN OAK CT MOBILE, AL 36610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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<div style="border: 1px solid black; padding: 2px;">3.121 3</div>	Nonpriority creditor's name and mailing address UFD LLC 5804 STURBRIDGE CT SACRAMENTO, CA 95842 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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<div style="border: 1px solid black; padding: 2px;">3.121 4</div>	Nonpriority creditor's name and mailing address UKR CARRIER INC 1766 NATURE CT SCHAUMBURG, IL 60173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px;">3.121 5</div>	Nonpriority creditor's name and mailing address UMBRA TRUCKING LLC 87 UPPER COLORADO DR BAY CITY, TX 77414 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px;">3.121 6</div>	Nonpriority creditor's name and mailing address UNICO EXPRESS INC 116 ARCHER STREET BURLINGTON, NC 27215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.121 7	Nonpriority creditor's name and mailing address UNION TRANSIT LLC 13597 ELIAS CIR SAN BENITO, TX 78586 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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3.121 8	Nonpriority creditor's name and mailing address UNITED CARRIER LLC 170 OLD JOHN DODD RD BOILING SPRINGS, SC 37323 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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3.121 9	Nonpriority creditor's name and mailing address UNITED STEEL HAULING LLC 1434 DALLAS DRIVE THOMSON, GA 63877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,075.00
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3.122 0	Nonpriority creditor's name and mailing address UNITED TRANSPORT INC 1155 1ST STREET ROGERS, NE 68659 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
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3.122 1	Nonpriority creditor's name and mailing address UNITEDWS INC 2212 E 12TH ST APT 406 DAVENPORT, IA 52804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.122 2	Nonpriority creditor's name and mailing address UNITY TRUCKING LLC 621 11 ST PLANO, TX 77386 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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3.122 3	Nonpriority creditor's name and mailing address UPSCALE TRANSPORTS LLC 158-C LANGFORD RD BLYTHEWOOD, SC 29016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.122 4	Nonpriority creditor's name and mailing address US BANK PO BOX 790408 ST LOUIS, MO 63179-0408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231,798.21
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3.122 5	Nonpriority creditor's name and mailing address US INTERNET BIN# 131489, PO BOX 1414 MINNEAPOLIS, MN 55480-1414 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INTERNET</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$472.50
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3.122 6	Nonpriority creditor's name and mailing address US SARA EXPRESS INC 27 W 231 MANCHESTER RD WHEATON, IL 60187 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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3.122 7	Nonpriority creditor's name and mailing address USA EAGLE EXPRESS LLC 5721 COTTONWOOD CT HUBER HEIGHTS, OH 45424 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,100.00
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3.122 8	Nonpriority creditor's name and mailing address USA FREIGHT SYSTEM INC 1775 NW 70TH AVE MIAMI, FL 33174 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
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3.122 9	Nonpriority creditor's name and mailing address V & R TRUCKING INC 3136 W EXPOSITION AVENUE DENVER, CO 80239 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,050.00
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3.123 0	Nonpriority creditor's name and mailing address VAZ TRUCKS INC. 1042 MAPLE AVE STE 173 LISLE, IL 60185 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.123 1	Nonpriority creditor's name and mailing address VDV ROYAL TRANS INC 1051 PERIMETER DRIVE STE 210 SCHAUMBURG, IL 60173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.123 2	Nonpriority creditor's name and mailing address VEPMC TRUCKING LLC 1020 E HOWELL ST PHILADELPHIA, PA 19149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.123 3	Nonpriority creditor's name and mailing address VEGA TRANSPORT LLC PO BOX 16429 ST LOUIS, MO 63128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.123 4	Nonpriority creditor's name and mailing address VENUS TRANS LLC 1821 RIZZI LN BARTLETT, IL 60005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.00
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3.123 5	Nonpriority creditor's name and mailing address VGE HAULING LLC 4795 FORD COURT WHITE PLAINS, MD 20695 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,150.00
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3.123 6	Nonpriority creditor's name and mailing address VICTORY TRANSIT INC 225 N ARLINGTON HEIGHTS RD UNIT 205 ELK GROVE VILLAGE, IL 60007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
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3.123 7	Nonpriority creditor's name and mailing address VIDA BELLA TRUCKING LLC 8340 N THORNYDALE RD TUCSON, AZ 85745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">3.123 8</div>	Nonpriority creditor's name and mailing address VILLEGAS TRANSPORT LLC 3905 E 6TH ST CHEYENNE, WY 82009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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<div style="border: 1px solid black; padding: 2px;">3.123 9</div>	Nonpriority creditor's name and mailing address VMIRANDA TRANSPORT LLC 13184 FULLERTON DR VICTORVILLE, CA 93901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px;">3.124 0</div>	Nonpriority creditor's name and mailing address VOGELSBURG TRUCKING 500 12TH ST NW FAIRBULT, MN 55021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,650.00
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<div style="border: 1px solid black; padding: 2px;">3.124 1</div>	Nonpriority creditor's name and mailing address VOSS TRANSPORT LLC 1301 PO BOX COLUMBUS, TX 78934 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
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<div style="border: 1px solid black; padding: 2px;">3.124 2</div>	Nonpriority creditor's name and mailing address W & N TRANSPORTATION INC 13903 SENECA RIDGE DR HAGERSTOWN, MD 21740 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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<div style="border: 1px solid black; padding: 2px;">3.124 3</div>	Nonpriority creditor's name and mailing address W T S TRANSPORTATION LLC 242 ROANOKE CIR COLUMBUS, MS 39702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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<div style="border: 1px solid black; padding: 2px;">3.124 4</div>	Nonpriority creditor's name and mailing address W&A PABLO TRANSPORT SERVICE LLC 2920 BLUE JAY CT RACINE, WI 53402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.124 5	Nonpriority creditor's name and mailing address WALKI ENTERPRISES LLC 6220 FM 2920 RD APT 910 SPRING, TX 77379 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
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3.124 6	Nonpriority creditor's name and mailing address WALLICK FAMILY TRUCKING INC 2374 UNION AVENUE VILLISCA, IA 51632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.124 7	Nonpriority creditor's name and mailing address WARRIORS TRANSIT INC 15128 S HARLAN RD UNIT 409 LATHROP, CA 95337 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,150.00
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3.124 8	Nonpriority creditor's name and mailing address WAS TRUCKING LLC 7453 35TH STREET COLFAX, WI 54114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.124 9	Nonpriority creditor's name and mailing address WAYNE TRANSPORTS INC NW 4576 PO BOX 1450 MINNEAPOLIS, MN 55068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,970.00
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3.125 0	Nonpriority creditor's name and mailing address WEST COAST TRANSPORT 4692 COLORADO RIVER DR LONGMONT, CO 80550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125 1	Nonpriority creditor's name and mailing address WEST EXPRESS LLC 16901 DALLAS PARKWAY STE 116 ADDISON, TX 75001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
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Name

3.125 2	Nonpriority creditor's name and mailing address WEST OF THE PECOS LOGISTICS LLC 106 S YOUNG ST FORT STOCKTON, TX 79735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550.00
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3.125 3	Nonpriority creditor's name and mailing address WEST UA TRANSPORT IN 13195 E 8 MILE RD WARREN, MI 48089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,725.00
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3.125 4	Nonpriority creditor's name and mailing address WESTCOAST TRANSPORT SERVICES LLC 3822 108 AVE E EDGEWOOD, WA 98372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125 5	Nonpriority creditor's name and mailing address WESTERN LINES INC 1904 PLANTEA CT LAS VEGAS, NV 89128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
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3.125 6	Nonpriority creditor's name and mailing address WESTERN TRANSPORT LOGISTICS INC 2601 E MAGNOLIA ST PHOENIX, AZ 85034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125 7	Nonpriority creditor's name and mailing address WESTY'S TRUCKING LLC 2538 FISHER LN OCONTO, WI 54153 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125 8	Nonpriority creditor's name and mailing address WEXPRESS TRANSPORT LLC 6609 SALOUMEH WAY CORPUS CHRISTI, TX 78416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.125 9	Nonpriority creditor's name and mailing address WHEEL EXPRESS LLC 3408 N. POTSDAM AVE SIOUX FALLS, SD 57104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
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3.126 0	Nonpriority creditor's name and mailing address WHEELER LEGACY TRANSPORTATION LLC 1307 LUNA LINDA DR ARLINGTON, TX 76010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 1	Nonpriority creditor's name and mailing address WHEELER TRANSPORT LLC 4623 NW 1ST AVE NEW PLYMOUTH, ID 48460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.126 2	Nonpriority creditor's name and mailing address WHETSTONE TRANSFER LLC 804 INDUSTRIAL DRIVE MILBANK, SD 57252 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
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3.126 3	Nonpriority creditor's name and mailing address WHITE CITY LOGISTICS 765 IL RTE 83 STE 123 BENSENVILLE, IL 60106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 4	Nonpriority creditor's name and mailing address WHITE EAGLE TRANSPORT LLC 13626 LARWOOD LN HOUSTON, TX 77038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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3.126 5	Nonpriority creditor's name and mailing address WHITE LIGHTNING EXPRESS INC 219272 MAPLE LEAF ROAD MARATHON, WI 54448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.126 6	Nonpriority creditor's name and mailing address WHITE MOUNTAIN TRUCKING LLC 6424 S. 75TH AVE. LAVEEN, AZ 85339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 7	Nonpriority creditor's name and mailing address WIDER GROUP INC 3004 WEST BELMONT CHICAGO, IL 60106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,250.00
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3.126 8	Nonpriority creditor's name and mailing address WIL TRANSPORTATION SERVICES INC 780 THORPE RD ORLANDO, FL 32824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
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3.126 9	Nonpriority creditor's name and mailing address WILLS TRANSPORT LLC 1623 DRAKES CREEK RD HENDERSONVILLE, TN 37075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 0	Nonpriority creditor's name and mailing address WILLY JENSEN TRUCKING REPAIR INC 27522 COUNTY HWY 48 OSAGE, MN 56570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.127 1	Nonpriority creditor's name and mailing address WILSWIFT TRUCKING LLC 9024 OLD CASCADE DR GARNER, NC 28086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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3.127 2	Nonpriority creditor's name and mailing address WINDING ROADS LLC 512 S PETERSON AVE, SUITE 2002 DOUGLAS, GA 31535 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.127 3	Nonpriority creditor's name and mailing address WISEXPRESS INC 11538 CROSS CREEK ESTATES LANE BELVIDERE, IL 61008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.127 4	Nonpriority creditor's name and mailing address WOMACK TRANSPORTATION PO BOX 7057 MCMINNVILLE, TN 37110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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3.127 5	Nonpriority creditor's name and mailing address WRAY TRUCKING CO LLC 246 ENERGY BLVD ROCKY MOUNT, VA 24151 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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3.127 6	Nonpriority creditor's name and mailing address WTI TRANSPORT INC PO BOX 11407 BIRMINGHAM, AL 35401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
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3.127 7	Nonpriority creditor's name and mailing address WTP LOGISTICS LLC 715 N 2475 W LAYTON, UT 84104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.127 8	Nonpriority creditor's name and mailing address WYOMING WORKERS COMPENSATION 5221 YELLOWSTONE RD CHEYENNE, WY 82002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.22
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3.127 9	Nonpriority creditor's name and mailing address X FACTOR EXPRESS LLC 4500 MERCANTILE PLAZA STE 300 FORT WORTH, TX 76179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

3.128 0	Nonpriority creditor's name and mailing address X-TRUX INC P O BOX 293 SIOUX FALLS, SD 57107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,525.00
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3.128 1	Nonpriority creditor's name and mailing address Y & Y TRANSPORT LLC 7968 HILLTOP WINDMILL ST LAS VEGAS, NV 89123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.128 2	Nonpriority creditor's name and mailing address YAHIR TRUCKING LLC 106 CYPRESS RD ANNAPOLIS, MD 21403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,150.00
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3.128 3	Nonpriority creditor's name and mailing address YANEZ TRUCKIN LLC 622 BEAR VALLEY DR GRAND JCT, CO 81505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.128 4	Nonpriority creditor's name and mailing address YARD DOG TRANSPORT LLC 7146 183RD ST # 168 TINLEY PARK, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.128 5	Nonpriority creditor's name and mailing address YCY EXPRESS INC 24 SW 38TH AVE CORAL GABLES, FL 33172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.128 6	Nonpriority creditor's name and mailing address YELLOW BRICK RHOADES LLC 12421 CILCAIN CT RALEIGH, NC 27603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
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Debtor **MEADOW LARK AGENCY, INC.**
Name

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">3.128 7</div>	Nonpriority creditor's name and mailing address YELLOW JACKET TRANZ LLC 115 ROAD 5005 BLOOMFIELD, NM 87413 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,800.00
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<div style="border: 1px solid black; padding: 2px;">3.128 8</div>	Nonpriority creditor's name and mailing address YELLOWSTONE TRANSPORT LLC 1310 HILL CREST AVE LAUREL, MT 59044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
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<div style="border: 1px solid black; padding: 2px;">3.128 9</div>	Nonpriority creditor's name and mailing address YODER TRANSPORT LLC 708 N OAK ST HARRISON, AR 72601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
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<div style="border: 1px solid black; padding: 2px;">3.129 0</div>	Nonpriority creditor's name and mailing address Z & I TRUCKING LLC 5872 HWY 498 E PORTERVILLE, MS 39352 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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<div style="border: 1px solid black; padding: 2px;">3.129 1</div>	Nonpriority creditor's name and mailing address Z TRANSPORTATION INC 107 BEAVERBROOK RD STE 2 LINCOLN PARK, NJ 07035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,300.00
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<div style="border: 1px solid black; padding: 2px;">3.129 2</div>	Nonpriority creditor's name and mailing address ZAM TRANS INC 4811 CHIPPENDALE DRIVE SUITE 802 SACRAMENTO, CA 95841 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
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<div style="border: 1px solid black; padding: 2px;">3.129 3</div>	Nonpriority creditor's name and mailing address ZAM ZAM FREIGHT LLC 8555 E EVANS AVE UNIT 2301 DENVER, CO 80011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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Name

3.129 4	Nonpriority creditor's name and mailing address ZAVA TRANS INC 4720 S PINE ST APT 43 TACOMA, WA 98409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00
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3.129 5	Nonpriority creditor's name and mailing address ZAVALA CARRIERS EXPRESS 1632 DUNAWAY ST HOUSTON, TX 77093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
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3.129 6	Nonpriority creditor's name and mailing address ZEEB TRUCKING INC 905 EAST BREITUNG AVENUE KINGSFORD, MI 49802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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3.129 7	Nonpriority creditor's name and mailing address ZELLER TRANSPORTATION, LLC 1615 INNOVATION WAY HARTFORD, WI 53027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.00
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3.129 8	Nonpriority creditor's name and mailing address ZOKO FREIGHT, INC. 13156 FRANCISCO AVE STE A BLUE ISLAND, IL 60406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACTED CARRIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,976.66
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	ANDERSON, WILLIAMS, & FARROW, LLC 7515 HALCYON POINT DRIVE MONTGOMERY, AL 36117	Line <u>3.1157</u> <input type="checkbox"/> Not listed. Explain ____	____
4.2	DANIEL R SAVALOJA 8970 WEST 35W SERVICE DRIVE NE SUITE 100 BLAINE, MN 55449-6744	Line <u>3.631</u> <input type="checkbox"/> Not listed. Explain ____	____

Debtor MEADOW LARK AGENCY, INC.		Case number (if known)
Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?
		Last 4 digits of account number, if any
4.3	ERIC NORD CRIST, KROGH, ALKE & NORD, PLLC 2708 FIRST AVENUE NORTH, SUITE 300 BILLINGS, MT 59101	Line 3.830 <input type="checkbox"/> Not listed. Explain _____
4.4	MULLEN INVESTEMENTS II, LLC 4425 MCGIRL RD BILLINGS, MT 59105	Line 3.830 <input type="checkbox"/> Not listed. Explain _____
4.5	MULLEN INVESTMENTS II, LLC PO BOX 42 SODA SPRINGS, ID 83276	Line 3.830 <input type="checkbox"/> Not listed. Explain _____
4.6	R MOVERS LLC 1120 48TH WOODWARD, OK 73801	Line 3.958 <input type="checkbox"/> Not listed. Explain _____
4.7	ROBERT S BOULTER LAW OFFICE OF ROBERT S BOULTER 1101 5TH AVENUE #310 SAN RAFAEL, CA 94901	Line 3.765 <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 782,150.97
5b. +	\$ 2,724,673.98
5c.	\$ 3,506,824.95

Fill in this information to identify the case:

Debtor name **MEADOW LARK AGENCY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MONTANA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

FACTORING AGREEMENT

State the term remaining

List the contract number of any government contract _____

**OTR SOLUTIONS CAPITAL LLC
1000HOLCOMB WOODS PARK
BUILDING 300, SUITE 315-A
ROSWELL, GA 30076**

Fill in this information to identify the case:Debtor name **MEADOW LARK AGENCY, INC.**United States Bankruptcy Court for the: **DISTRICT OF MONTANA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **AMANDA R. ROTH** **2720 HUMMINGBIRD WAY**
BILLINGS, MT 59105

TRANSPORTATON
ALLIANCE BANK

☐ D _____
☒ E/F **3.1188**
☐ G _____

2.2 **AMANDA R. ROTH** **2720 HUMMINGBIRD WAY**
BILLINGS, MT 59105

OTR SOLUTIONS
CAPITAL LLC

☒ D **2.3**
☐ E/F _____
☐ G _____

2.3 **AMANDA R. ROTH** **2720 HUMMINGBIRD WAY**
BILLINGS, MT 59105

ALPINE ADVANCE 5

☒ D **2.1**
☐ E/F _____
☐ G _____

2.4 **AMANDA R. ROTH** **2720 HUMMINGBIRD WAY**
BILLINGS, MT 59105

CLOUDFUND
LLC/DELTA BRIDGE

☒ D **2.2**
☐ E/F _____
☐ G _____

2.5 **AMANDA R. ROTH** **2720 HUMMINGBIRD WAY**
BILLINGS, MT 59105

THE LCF GROUP
INC.

☒ D **2.6**
☐ E/F _____
☐ G _____

Debtor **MEADOW LARK AGENCY, INC.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	MEADOW LARK TRANSPORT	2720 HUMMINGBIRD WAY BILLINGS, MT 59105	BRUCKNER LEASING COMPANY	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.159</u> <input type="checkbox"/> G _____
2.7	MEADOW LARK TRANSPORT	2720 HUMMINGBIRD WAY BILLINGS, MT 59105	RYDER TRUCK RENTAL INC.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1028</u> <input type="checkbox"/> G _____

Fill in this information to identify the case:Debtor name **MEADOW LARK AGENCY, INC.**United States Bankruptcy Court for the: **DISTRICT OF MONTANA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****For prior year:**
From **10/01/2022** to **9/30/2023****Sources of revenue**
Check all that apply☒ Operating a business
[THE GROSS INCOME IS FROM 10/2022 - 10/2023]
☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$60,479,825.00****For year before that:**
From **10/01/2021** to **9/30/2022**☒ Operating a business
☐ Other _____**\$102,628,669.00****For the fiscal year:**
From **10/01/2020** to **9/30/2021**☒ Operating a business
☐ Other _____**\$75,973,090.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. AMERICAN NATIONAL BANK 8990 WEST DODGE ROAD OMAHA, NE 68114	10/20/2023	\$78,227.34	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>2022 JEEP GRAND WAGONEER SOLD AND LIEN HOLDER PAID OFF</u>
3.2. LITTLE HORN STATE BANK CENTRAL AVENUE BRANCH 2900 CENTRAL AVENUE BLDG 3 BILLINGS, MT 59102-8626	10/17/2023	\$75,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>PAYMENT OF LETTER OF CREDIT</u>
3.3. TRUCKSTOP.COM PO BOX 99 NEW PLYMOUTH, ID 83655	8/1/2023-10/3 1/2023	\$8,320.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. AFLAC	8/1/2023-10/3 1/2023	\$7,830.17	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>INSURANCE</u>
3.5. ALPINE ADVANCE 5 46 WASHINGTON STREET SUITE #6 MIDDLETOWN, CT 06457	8/1/2023-10/3 1/2023	\$18,625.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.6. AMZ HEATING & COOLING LLC	8/1/2023-10/3 1/2023	\$9,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.7. ASSOCIATED EMPLOYERS	8/1/2023-10/3 1/2023	\$128,295.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.8. CHARLES SCHWAB TRUST BANK	8/1/2023-10/31/2023	\$28,851.49	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.9. CLINE WOOD A MARSH & MCLENNAN AGENCY	8/1/2023-10/31/2023	\$47,438.37	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.10 CLOUDFUND LLC/DELTA BRIDGE 400 RELLA BLVD SUITE 165-101 SUFFERN, NY 10901	8/1/2023-10/31/2023	\$163,200.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.11 COMDATA NETWORK INC	8/1/2023-10/31/2023	\$43,279.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.12 DAT SOLUTIONS LLC BOX #3801, PO BOX 8500 PHILADELPHIA, PA 19178-3801	8/1/2023-10/31/2023	\$36,154.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.13 FIRST INSURANCE FUNDING	8/1/2023-10/31/2023	\$29,304.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>INSURANCE</u>
3.14 INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101-7346	8/1/2023-10/31/2023	\$282,166.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>TAXES</u>
3.15 MONTANA DEPARTMENT OF REVENUE P.O. BOX 6309 HELENA, MT 59604-6309	8/1/2023-10/31/2023	\$35,712.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>TAXES</u>

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.16 MORRISON-MAIERLE SYSTEMS PO BOX 6147 HELENA, MT 59604	8/1/2023-10/3 1/2023	\$12,897.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 MR ADVANCE 35-12 19TH AVE SUITE 3W ASTORIA, NY 11105	8/1/2023-10/3 1/2023	\$612,498.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.18 MULLEN INVESTMENTS II, LLC C/O RACINE OLSON P.O. BOX 1391 POCATELLO, ID 83204	8/1/2023-10/3 1/2023	\$19,200.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>LANDLORD</u>
3.19 THE LCF GROUP INC. 3000 MARCUS AVENUE SUITE 2W15 NEW HYDE PARK, NY 11042	8/1/2023-10/3 1/2023	\$301,116.06	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 TRANSPORT PRO	8/1/2023-10/3 1/2023	\$30,404.51	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 UNITED HERITAGE	8/1/2023-10/3 1/2023	\$15,707.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 US BANK PO BOX 790408 ST LOUIS, MO 63179-0408	8/1/2023-10/3 1/2023	\$14,304.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.23 LITTLE HORN STATE BANK CENTRAL AVENUE BRANCH 2900 CENTRAL AVENUE BLDG 3 BILLINGS, MT 59102-8626	8/1/2023 - 10/31/2023	\$1,002,293.62	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	MATTHEW QUINN V. MEADOW LARK TRANSPORT, INC.; MEADOW LARK AGENCY, INC., MEADOW LARK COMPANIES, INC. CV-22-55-BLG-SPW-TJC	CLASS ACTION LAWSUIT	UNITED STATE DISTRICT COURT DISTRICT OF MONTANA BILLINGS, MT 59101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	CENOVI TRANSPORTATION LLC VS. MEADOW LARK AGENCY SC-508-23	SMALL CLAIMS ACTION	SUPERIOR COURT OF NEW JERSEY PASSAIC COUNTY SPECIAL CIVIT PART SMALL CLAIMS	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	RSS RECOVERY SOLUTIONS SERVICES LLC V. MEADOW LARK AGENCY INC. UNKNOWN	BREACH OF CONTRACT	IN THE COUNTY COURT HARRIS COUNTY, TEXAS	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	ALPINE ADVANCE 5 LLC VS. MEADOW LARK AGENCY, INC. N/A	DEMAND FOR ARBITRATION		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.5.	LGND ENTERPRISE LLC VS. MEADOWLARK AGENCY INC. SM-910-2023-0000102	COLLECTION	JUSTICE COURT OF RECORD CIVIL DIVISION YELLOWSTONE COUNTY, MONTANA BILLINGS, MT 59101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
FIRE DAMAGE TO A MHC UNIT 4171652	THE CLAIM WAS TURNED OVER TO INSURANCE AND THERE WOULD HAVE BEEN A \$1,000 DEDUCTIBLE. IT IS UNKNOWN IF MONEY WAS RECEIVED FROM INSURANCE COMPANY.	UNKNOWN	Unknown

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	PATTEN PETERMAN BEKKEDAH & GREEN 2817 2ND AVENUE N, ST 300 BILLINGS, MT 59101	Attorney Fees	10/13/2023	\$18,000.00
	Email or website address apatten@ppbglaw.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	ARDIE'S COINS INC. 1944 GRAND AVENUE BILLINGS, MT 59102	COINS SOLD	10/11/2023	\$54,490.00
	Relationship to debtor NONE			
13.2	WALTER EDGARDO QUINTANILLA GONZALOZ 731 CONWAY ST BILLINGS, MT 59105	SOLD 2022 JEEP GRAND WAGONEER TO MR. GONZALOZ	10/20/2023	\$78,227.34
	Relationship to debtor NONE			
13.3	GARY DESCHENES DESCHENES & ASSOCIATES 309 1ST AVENUE NORTH GREAT FALLS, MT 59401	\$20,000 RETAINER FOR LEGAL FEES FOR MEADOW LARK TRANSPORTATION LLC	11/2/2023	\$20,000.00
	Relationship to debtor NONE			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

MEADOW LARK AGENCY 401(K) PLAN

Employer identification number of the plan

EIN: **81-0433133**

Has the plan been terminated?

- ☐ No
- ☒ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ NoneFinancial Institution name and
AddressLast 4 digits of
account numberType of account or
instrumentDate account was
closed, sold,
moved, or
transferredLast balance
before closing or
transfer**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
STORAGE RENTALS OF AMERICA 2850 OVERLAND AVENUE BILLINGS, MT 59102	AMANDA R. ROTH 2720 HUMMINGBIRD WAY BILLINGS, MT 59105	OVER THE ROAD APPAREL; MISC. OFFICE SUPPLIES FOR THE DEBTOR	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
POSTAGE MACHINE	2913 MILLENNIUM CIRCLE BILLINGS, MT 59102	POSTAGE MACHINE	Unknown

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. RUBIN BROWN LLP 7676 FORSYTH BLVD, SUITE 2100 SAINT LOUIS, MO 63105	OCTOBER 1, 2019 TO PRESENT
26a.2. MICHELLE BORSUM 2913 MILLENNIUM CIRCLE BILLINGS, MT 59102	2000 - OCTOBER 31, 2023
26a.3. CRYSTAL ARTHUR 2913 MILLENNIUM CIRCLE BILLINGS, MT 59102	MAY, 2022 - OCTOBER 14, 2023

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. RUBIN BROWN LLP 7676 FORSYTH BLVD, SUITE 2100 SAINT LOUIS, MO 63105	OCTOBER 1, 2019 - PRESENT

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. AMANDA R. ROTH 2720 HUMMINGBIRD WAY BILLINGS, MT 59105	

Name and address	If any books of account and records are unavailable, explain why
26c.2. RUBIN BROWN LLP 7676 FORSYTH BLVD, SUITE 2100 SAINT LOUIS, MO 63105	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
AMANDA R. ROTH	2720 HUMMINGBIRD WAY BILLINGS, MT 59105	CEO/OWNER	100
MIKE KANDAS	2913 MILLENNIUM CIRCLE BILLINGS, MT 59102	COO	N/A
MICHELLE BORSUM	2913 MILLENNIUM CIR BILLINGS, MT 59102	CFO	N/A
NIKKI BESSETTE	2913 MILLENNIUM CIRCLE BILLINGS, MT 59102	EXECUTIVE VICE PRESIDENT	NA
RYAN SPPONEMORE	2913 MILLENNIUM CIR BILLINGS, MT 59102	VP OF SALES	N/A
AARON POHLE	2913 MILLENNIUM CIR BILLINGS, MT 59102	VP OF LOGISTICS	N/A
STACEY COLLETT	2913 MILLENNIUM CIRCLE BILLINGS, MT 59102	VP OF COMPLIANCE	N/A

Debtor **MEADOW LARK AGENCY, INC.**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
CRYSTAL ARTHUR	2913 MILLENNIUM CIR BILLINGS, MT 59102	VP OF ACCOUNTING	N/A

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
BRANDON HURST	2913 MILLENNIUM CIRCLE BILLINGS, MT 59102	PRESIDENT	2017 - 7/2023

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 AMANDA R. ROTH 2720 HUMMINGBIRD WAY BILLINGS, MT 59105	\$259,265.28	10/2022 - 9/2022	SALARY, COMMISSION, COMP. VEHICLE ALLOCATION AND CELL PHONE ALLOWANCE
Relationship to debtor CEO/OWNER			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
MEADOW LARK COMPANIES, INC.	EIN: 85-4113628

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
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Debtor **MEADOW LARK AGENCY, INC.**

Case number (if known)

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 6, 2023**

/s/ AMANDA R. ROTH
Signature of individual signing on behalf of the debtor

AMANDA R. ROTH
Printed name

Position or relationship to debtor **CEO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
District of Montana**

In re **MEADOW LARK AGENCY, INC.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>18,000.00</u>
Prior to the filing of this statement I have received	\$	<u>18,000.00</u>
Balance Due	\$	<u>0.00</u>
2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions and/or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 6, 2023*Date***/s/ JAMES A. PATTEN****JAMES A. PATTEN 1191***Signature of Attorney***PATTEN PETERMAN BEKKEDAHL
& GREEN****2817 2ND AVENUE N, ST 300****BILLINGS, MT 59101****406-252-8500 Fax: 406-294-9500****apatten@ppbglaw.com***Name of law firm*

**United States Bankruptcy Court
District of Montana**

In re **MEADOW LARK AGENCY, INC.**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **November 6, 2023**

/s/ AMANDA R. ROTH

AMANDA R. ROTH/CEO

Signer/Title

Date: **November 6, 2023**

/s/ JAMES A. PATTEN

Signature of Attorney

JAMES A. PATTEN 1191

**PATTEN PETERMAN BEKKEDAHL
& GREEN**

2817 2ND AVENUE N, ST 300

BILLINGS, MT 59101

406-252-8500 Fax: 406-294-9500

ALPINE ADVANCE 5
46 WASHINGTON STREET
SUITE #6
MIDDLETOWN CT 06457

ALLAN R OSTWINKLE
19221 NORTH 45TH DR
GLENDALE AZ 85308

BUD A BAKER
95 MORELLO LANE
MOUNTAIN HOME AR 72653

CLOUDFUND LLC/DELTA BRIDGE
400 RELLA BLVD
SUITE 165-101
SUFFERN NY 10901

ALONDRA GARCIA
8245 CHAMBERLAIN ST
DETROIT MI 48209

CALVIN E WALKER
309 ASH LANE
HASLET TX 76052

OTR SOLUTIONS CAPITAL LLC
1000HOLCOMB WOODS PARK
BUILDING 300, SUITE 315-A
ROSWELL GA 30076

AMANDA R ROTH
2720 HUMMINGBIRD WAY
BILLINGS MT 59105

CANDACE J TURLEY
1420 SOURDOUGH LN APT 1
BILLINGS MT 59105

SAMSARA CAPITAL FINANCE
2330 INTERSTATE 30
MESQUITE TX 75150

ANDREW P BEILKE
6300 BIRCH ST, LOT 303
WESTON WI 54476

CARL A RICE
P.O. BOX 618
BROADUS MT 59317

SBA
14925 KINGSPORT RD
FORT WORTH TX 76155

ARKANSAS DEPARTMENT OF REVENUE
PO BOX 9941
LITTLE ROCK AR 72203-9941

CHARITY A TILLERY
9 W 7TH ST
PARKERVILLE MO 64152

THE LCF GROUP INC.
3000 MARCUS AVENUE
SUITE 2W15
NEW HYDE PARK NY 11042

BENJAMIN J CHANDLER
952 SMITH BECKON RD
CARSON WA 98610

CHRISTOPHER A ROBINSON
395 PALM CASTLE DR
PORT ORANGE FL 32127

AARON T POHLE
5414 QUARRY STONE AVE
BILLINGS MT 59106

BETTY A BRAINARD
6512 MARTELL LANE
SHEPHERD MT 59079

CHRISTOPHER E MACKEY
2742 OLD NORCROSS RD
LAWRENCEVILLE GA 30044

ADAM T JONES
11316 E 12TH AVE
SPOKANE VALLEY WA 99206

BRITTANY L FERGUSON
1010 ARLINGTON AVE SW
BILLINGS MT 59101

CHRISTOPHER MOORE
28902 HIGHWAY HH
URBANA MO 65767

ALABAMA DEPARTMENT OF REVENUE
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110 GRACE DRIVE
CLINTON TN 37716

DERICK W GINN
58 LONG BRANCH LANE
COLUMBIA MS 39429

HALEE N CLARK
745 WALTON RD
MONROE GA 30656

CODY L SWANSON-FREDRICKSON
2804 ASHLEY PARK DR
SPARKS NV 89434

ELIZABETH N GOODMAN
30 CALDWELL CIRCLE
HAMPTON GA 30228

IAN M DUNLAP
1905 GREENSBURG RD
NORTH CANTON OH 44720

CONNOR R ROBINSON
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BILLINGS MT 59102

ERIC S WOOLEY
200 THOMAS RD
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SPRINGFIELD IL 62794-9002

CORY W ELKIN
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BILLINGS MT 59102

ERIC W ROE
7255 CORPORATE DR APT 1315
HOUSTON TX 77036

INTERNAL REVENUE SERVICE
OGDEN UT 84201

CRYSTAL M ARTHUR
2160 N 9TH RD
WORDEN MT 59088

ERIN L NOVAK
1509 CLARK AVE
WORDEN MT 59088

JACOB A WADDELL-GRADWOHL
761 TORCH DR
BILLINGS MT 59102

DANIEL J BELDEN
372 TARA CIRCLE
SHEPHERDSVILLE KY 40165

FLORIDA DEPARTMENT OF REVENUE
PO BOX 6510
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BILLINGS MT 59102

GEORGIA DEPARTMENT OF REVENUE
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4331 LEVANG LANE
BILLINGS MT 59105

DARRELL L WILKERSON SR
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TALLADEGA AL 35160

GREG E NEARGARTH
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MARIETTA GA 30064

JEFFERY R PICKERN
1043 N POMERENE RD
BENSON AZ 85602

DAVID J QUARTERMAN
925 DEDMON RD
RINGGOLD GA 30736

GRISELL MONTENEGRO
10 HICKORY DR
BILLINGS MT 59101

JESSICA L STARR
307 7TH STREET WEST B
BILLINGS MT 59101

JESSICA N HILL DIAZ
7220 PETERSBURG RD
FAIRBURN GA 30213

KENTUCKY DEPARTMENT OF REVENUE
501 HIGH ST
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EISA I HOWE
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JHONDER J CAMACHO
161 SANTA CLARA DR
NAPLES FL 34104

KENTUCKY DIVISION OF
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PO BOX 2003
FRANKFORT KY 40602-2003

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225 ASHLEY CT N
BILLINGS MT 59105

JOCELYN BEARCOMESOUT
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BILLINGS MT 59105

KHAYNEN D GAY
1521 GLACIER PEAK CIRCLE
BILLINGS MT 59101

LORI P GRIFFIN
624 TWILIGHT DR
BILLINGS MT 59101

JOHN C KESSLER
1290 CALICO DR
BILLINGS MT 59105

KIMBERLY C HART
3911 MOLLY DRIVE
SHEPHERD MT 59079

LUKE A ROSS
6839 DEERWOOD DR
HARRISON TN 37341

JOHN E NEWSOME
16095 23RD AVE
CLEARLAKE CA 95422

KRISTOPHER M SCHAUER
224 CHACO CANYON WAY
BILLINGS MT 59102

LYNNETTE R BAISCH
1106 PRIMROSE DR
BILLINGS MT 59105

JOHN P JENKINS
232 BILES RD
JACKSON GA 30233

KYLIE R LEEPER
2022 ST JOHNS AVE APT A22
BILLINGS MT 59102

MAKAYLA S LEWIS
712 OASIS DR
BILLINGS MT 59105

JOHN R BILLMAN
353 SOUTH BILLINGS BLVD.
BILLINGS MT 59102

LAUREN E OLABY
3285 CANYON DR
BILLINGS MT 59102

MARK A PAYNE
1508 14TH ST APT 2
WICHITA FALLS TX 76301

JONATHAN W MACKIE
856 AHOY AVE
BILLINGS MT 59105

LAVETTE D SANDERS
12200 HWY 90
MOSS POINT MS 39562

MARTHA B CORKISH
3221 BANFF AVE #4
BILLINGS MT 59102

KENNETH L LONG
3021 INGLESIDE DR APT B
HIGH POINT NC 27265

LEE V HOBLITZELL
1205 N. PING CIR
BILLINGS MT 59105

MICHAEL C DINKINS
2321 ROCK CREEK DR
MARIETTA GA 30064

MICHAEL C MOTES
110 CARROUSEL DRIVE
CENTRAL SC 29630

MICHIGAN DEPARTMENT OF TREASURY
PO BOX 30427
LANSING MI 48909

NORMAN C FREE
5929 ELLAND HGTS RD
MURRAYVILLE GA 30564

MICHAEL J KANDAS
977 SENORA
BILLINGS MT 59105

MICKI M MUGGERUD
4453 LOMA VISTA DR
BILLINGS MT 59106

NORTH CAROLINA DEPARTMENT
OF REVENUE
PO BOX 25000
RALEIGH NC 27640-0640

MICHAEL L GINGERICH
2312 ACORN WAY
MONROE GA 30656

MINNESOTA UNEMPLOYMENT INSURANCE
PO BOX 4629
SAINT PAUL MN 55101

NORTH CAROLINA DIVISION OF
EMPLOYMENT SECURITY
PO BOX 25903
RALEIGH NC 27611-5903

MICHAEL R COTTRILL
725 JULIA LANE
LAFAYETTE IN 47905

MISSOURI DEPARTMENT OF REVENUE
PO BOX 999
JEFFERSON CITY MO 65108-0999

OHIO DEPARTMENT OF TAXATION
PO BOX 182215
COLUMBUS OH 43218-2215

MICHAEL R LAFRENIERE
2022 ST JOHNS AVE APT A22
BILLINGS MT 59102

MONTANA DEPARTMENT OF REVENUE
P.O. BOX 6309
HELENA MT 59604

OKLAHOMA TAX COMMISSION
2501 N LINCOLN BLVD
OKLAHOMA CITY OK 73194

MICHAEL R RUTH
313 ROSE BUD LANE
HOLLY RIDGE NC 28445

MONTANA DEPT OF REVENUE
BANKRUPTCY SPECIALIST
PO BOX 7701
HELENA MT 59604-7701

PATRICK A LONG
815 TERRY AVE
BILLINGS MT 59101

MICHAEL R SCHULTZ
2915 CUSTER AVE
BILLINGS MT 59102

MONTANA UNEMPLOYMENT INSURANCE
PO BOX 6339
HELENA MT 59604-6339

PATRICK C PICAZIO
4521 PHILLIP ST
BILLINGS MT 59101

MICHAEL S MAPSTONE
518 MACKENZIE CIRCLE
SAINT AUGUSTINE FL 32092

NEVADA DEPARTMENT OF EMPLOYMENT
TRAINING & REHABILITATION
500 E THIRD ST
CARSON CITY NV 89713-0030

PATRICK M KELLY
3127 DARLINGTON RD
HOLIDAY FL 34691

MICHELLE L BORSUM
672 LAKE HILLS PL
BILLINGS MT 59105

NIKKI L BESSETTE
2142 ALDERSON AVE
BILLINGS MT 59102

PAYTON M ROTH
2720 HUMMINGBIRD WAY
BILLINGS MT 59105

PENNSYLVANIA DEPARTMENT OF REVENUE
PO BOX 280404
HARRISBURG PA 17128-0404

SANDEE R KANDAS
977 SENORA AVE
BILLINGS MT 59105

ULISES MARTINEZ
4730 FAIRMOUNT ST APT 2317
DALLAS TX 75219

RICHARD W SCHMITH
2308 S MOCKINGBIRD CIRCLE APT 2
SIOUX FALLS SD 57104

SHANE M BRYSON
2121 CUSTER AVE
BILLINGS MT 59102

VICKI G HENSLEY
1817 ROSEDALE DR
EDMOND OK 73013

ROGER D GILLIS JR
432 5TH ST
AINSWORTH IA 52201

SHERYL A GANTOIS LOPEZ
642 MAJERUS RD
ROUNDUP MT 59072

YOUSSEUPHA KANE
205 SHANE CREEK RD
COLUMBUS MT 59019

RONALD E RADKE
21371 BALDWIN LN
CALIFORNIA CITY CA 93505

SOUTH CAROLINA DEPARTMENT OF
REVENUE
300A OUTLET POINTE BLVD
COLUMBIA SC 29210

015 LOGISTICS INC
2130 MEADOW LN APT 9
SCHERERVILLE IN 46375

RONALD L GILLIAM
5429 COUNTRY VILLAGE DR
OOLTEWAH TN 37363

STACEY M COLLETT
2015 CUSTER AVENUE
BILLINGS MT 59102

1 RELIABLE TRANSPORTATION IN
137 LODI STREET
HACKENSACK NJ 07601

RYAN R MCGUIRE
1251 CALICO AVE
BILLINGS MT 59105

STEPHAN A GARCIA
10627 CHESTERFIELD
ADELANTO CA 92301

2039322 ONTARIO INC O/A NOR
230 SANDALWOOD PKY,
BRAMPTON, ON L6Z1R3

RYAN W SPOONEMORE
225 ASHLEY CT N
BILLINGS MT 59105

THOMAS X DAHINDEN
2545 LAKE HEIGHTS
BILLINGS MT 59105

2215 LITHONIA LLC
C/O JADIAN IOS
4 STAR POINT, SUITE 204
STAMFORD CT 06902

SAM H THOMAS
2222 S NOCHE DE PAZ
MESA AZ 85202

TINA BUCKLER
859 THORNWOOD DR
BARBERTON OH 44203

2260243 ONTARIO INC DBA TRIER
7 CIVET STREET
BRAMPTON, ON L6R3E6

SAMUEL R BOCHY
1356 SPUR LANE
BILLINGS MT 59101

TRICIA E BURKE
3735 FULL MOON DR
BILLINGS MT 59101

3 ROCKS BIGFORK LLC
439 GRAND DR # 176
BIGFORK MT 59911

3XD LLC
74 WESTGRILL DR
PALM COAST FL 32614

9429328 CANADA INC
3006 SINCLAIR STREET
WINNIPEG, MB R2V4K8

AAMODT INC
66776 HWY 2
BONNERS FERRY ID 83805

4 STAR TRANSPORT
3026 S INDIANA AVE
BROWNSVILLE TX 78521

A & S TRUCKING LLC
29222 LYON OAKS DR
WIXOM MI 48393

AARON XPRESS INC
14 WINTERCRESS CIR
BRAMPTON, ON L6R2K2

4D TRANSPORTATION INC
158 MOORMAN RD
AMITY AR 71921

A N T HAULIN LLC
5244 EDEN CHURCH RD
LOUISVILLE GA 30434

ABMERE INC
12754 MAGNOLIA ST
BLAKELY GA 39823

4US CORP
4620 E 53RD ST
WHEELING IL 52807

A TO Z TRUCKING LLC
2917 CAROLINE ST
ST LOUIS MO 63104

ABRAM EXPEDITED LLC
2763 WATERWAY DRIVE
GRAND PRAIRIE TX 75054

5 STARR SOLUTIONS INC
7000 MERRILL AVE #7
CHINO CA 91710

A&B TRUCKING SERVICES LLC
PO BOX 74887
BATON ROUGE LA 70817

ACCIDENT FUND INSURANCE CO
PO BOX 734928
CHICAGO IL 60673-4928

5 STATES TOWING AND RECOVERY INC
6740 HWY 10 NW STE 104
RAMSEY MN 55303

INC1 TRANSPORTATION SERVICE LLC
172 W 9400 S
SANDY UT 84070

ACCURA TRUCKING LLC
2285 SPRINGER WALK
LAWRENCEVILLE GA 30043

5TH WHEEL LOGISTICS
346 STONE HILL DR
BRENHAM TX 77833

A-PLUS PROFESSIONAL TRANSPORT LLC
466 ROCKVILLE RD
MONCKS CORNER SC 29461

LACK TRANS INCORPORATION
13015 TRINA DR
PHILADELPHIA PA 19116

6513701 CANADA INC
1325 JALNA BLVD
LONDON, ON N6E2W8

A.G. TURNER LLC
5261 WEST HILLIS ROAD
STANTON MI 48888

AD ASTRA ALLIANCE LLC
100 WABASH WAY UNIT 202
WHEELING IL 60090

74 CARRIER LLC
2103 BEVERLY WAY
LAS VEGAS NV 89104

A2B SERVICES LLC
4813 EDDLEMAN DR
FORT WORTH TX 76244

ADAL TRANSPORT LLC
124 W PIONEER PKWY SUITE 14
ARLINGTON TX 76010

ADICA TRUCKING COMPANY LLC
20601 TROLLEY INDUSTRIAL DRIVE
TAYLOR MI 48180

AIR CAPITOL DELIVERY & WAREH
5841 N PROSPECT ROAD
PARK CITY KS 67204

ALL STATE TRANS EXPRESS, L
3915 LAWNWOODS DRIVE
DES MOINES IA 50310

ADRIA FREIGHT INC DBA BOCA FREIGHT LOGISTICS
27 S HOWARD AVE STE C
ROSELLE IL 60172

615 E AFTON
LA MESA NM 88044

ALLSTAR TRANSPORTATION SERVL
4946 ATWATER DR
NORTH PORT FL 34288

AERO TRUCKS LLC
14015 ASHLAND LANDING DR
CYPRESS TX 77429

AJN TRUCKING LLC
14100 E 106TH ST N APT 2011
OWASSO OK 74055

ALLWAY EXPRESS INC
4726 PRIVATE ROAD 5127
WILLOW SPRINGS MO 65793

AESIR TRANSPORT INC
7765 SW PETERS RD
PORTLAND OR 97224

AK ON-TIME TRUCKING LLC
625 MORNINGSIDE DR N
STOCKBRIDGE GA 30281

ALPHALOGIX TRUCKING LLC
1010 LEE CIR
SAN CARLOS TX 78539

AG EXPEDITED INC
312 PARK AVE #85
CARENDON HILLS IL 60514

AKR CARRIERS INCORPORATED
860 PONTIAC CT APT 1018
AURORA IL 60502

ALQOSH TRANSPORTATION INC
322 IONE WAY
EL CAJON CA 92020

AGRI HAULING ASSOCIATES LLC
763 GROVE RD
MORRISON TN 37357

ALABAMA MOTOR EXPRESS INC
PO BOX 487
ASHFORD AL 36312

ALSCO
PO BOX 30496
BILLINGS MT 59107-0496

AGS FREIGHT INCORPORATED
391 WESTWOOD DRIVE
STEUBENVILLE OH 43953

ALEXANDER, WINTON & ASSOCIATES INC
KIM HART
8804 CAROMA STREET STE 160
OLIVE BRANCH MS 38654

ALCOVER EXPRESS INC
91 ARGUS ST # 91
BUFFALO NY 14207

AHUMADA'S HOTSHOT LLC
2327 SUNNY DR
HOUSTON TX 77093

ALINOR EXPRESS LLC
108 OREGON TRL APT 3
LEXINGTON NE 68850

AM MILES LLC
16341 SW 145TH CT
MIAMI FL 33177

AIB INC
866 THOMAS DRIVE
BENSENVILLE IL 60106

ALL STATE INC
5285 NATORP BLVD APT 207
MASON OH 45040

AMANDA R. ROTH
2720 HUMMINGBIRD WAY
BILLINGS MT 59105

AMEEN TRANSPORT INC
6742 W 113TH PL
WORTH IL 60482

APROVERBS LIMITED LIABILITY COMPANY
2201 QUANAH PARKER TRL
AUSTIN TX 78734

ASAP TRANSPORT LLC
504 EVERGREEN DR
GRETNA LA 70053

AMERIPOL STAFFING LLC
650 NE 32ND ST, SUITE 5103
MIAMI FL 33137

AQ TRUCKING LLC
3924 N SMEDLEY ST
PHILADELPHIA PA 19140

ASCON GROUP INC
2413 GEORGETOWN CIR
AURORA IL 60503

AMP HAULING INC
731 PEARL CIR
BRANDON FL 33510

AR CARRIERS INC
10624 PROVINCIAL DR APT E
MANASSAS VA 20109

ATA TRUCKING INC
6012 BUTONBUSH DR
TIP CITY OH 45371

AMT TRANSPORT INC
25328 SCOTT RD
PLAINFIELD IL 60544

ARION FREIGHT LLC
1300 SW CAMPUS DRIVE#29-2
FEDERAL WAY WA 98003

ATLANTIC COAST CARRIERS, IN
P O BOX 820
HAZLEHURST GA 31539

ANDRUKH LOGISTICS INC
615 WESTWOOD CT
WHEELING IL 60090

ARL TRANSPORT DBA ARL
PO BOX 809374
CHICAGO IL 60631

ATLASIB INC DBA ROUTE ONE S
202 CHRISTINA DR
DUNDEE IL 60118

ANDRUS TRANSPORTATION SERVICES
P O BOX 35143
SEATTLE WA 98124

ARM LINES INC
2912 PORTSMITH CT
NAPERVILLE IL 60564

ATTEBERRY ENTERPRISES, LLC
14058 HWY J
CONWAY MO 65632

ANGELS TRUCKING LLC
2250 WEST 155TH PLACE
BROOMFIELD CO 80023

ARNOLD TRANSPORTATION SERVICE
3375 HIGH PRAIRIE ROAD
GRAND PRAIRIE TX 75050

AUSTIN AND LESLIE FELICH
DBA THE FELICH AGENCY
150 43RD AVENUE
SAINT PETERSBURG FL 33706

ANSONIA CREDIT DATA
PO BOX 71221
CHARLOTTE NC 28272-1221

ART PAPE TRANSFER DBA TUCKER FARM
1080 EAST 12TH STREET
DUBUQUE IA 52001

ARIZONA EXPRESS INC
32453 64 TH AVE WAY
CANNON FALLS MN 55009

APACHE LOGISTICS INC
1121 OTTAWA BEACH RD SUITE 240
HOLLAND MI 49424

ARTHUR SMITH TRUCKING
PO BOX 41
COUDERSPORT PA 16195

AVELINO VIP TRANSPORT LLC
4709 EVERGLADES CIRCLE
KISSIMME FL 75034

AVIS RENT A CAR SYSTEMS INC
7876 COLLECTIONS CENTER DR
CHICAGO IL 60693

B & L STEWART ENTERPRISES LLC
PO BOX 6071
CHANDLER AZ 85043

BAYOU DRAGON TRANSPORT, L
P O BOX 156
METAIRIE LA 70121

AVP EXPRESS LLC
2886 VISTA CT
UNIONTOWN OH 98607

B POWER EXPRESS LLC
8049 JANES AVE APT H
WOODRIDGE IL 60517

BDQ LOGISTICS INC
6236 HARVEY WAY
SAN GABRIEL CA 91775

AVTOMEDON LLC
1389 HAZEL GREEN DRIVE
FRISCO TX 75034

B TRANS, INC.
8901 WINDING VALLEY DR
FORT WORTH TX 76179

BEACON TRANSPORT SERVICES
PO BOX 57629
CHICAGO IL 60613

AXON LLC
12 NE 15TH AVE
BATTLE GROUND WA 98604

BAAZ FREIGHT LINES LLC
250 EATON RIDGE DR APT 206
NORTHFIELD OH 44067

BECKER TRUCKING LLC
27838 CR 321
CARROLLTON MO 64633

AYAZ TRANSPORTATION SERVICES LLC
623 BRIGHT PENNY LN
HOUSTON TX 77013

BALL BROTHERS PRODUCE L.C.
PO BOX 69
LEWISVILLE ID 83431

BEEMAC TRUCKING
PO BOX 6315
HERMITAGE PA 15003

AZ TRANSPORT INC
6704 HOLLYTREE CIRCLE
TYLER TX 75703

BALLARD FOREST TRANSPORT INC
P O BOX 222
HOMER GA 30547

BEEMOL FREIGHT COMPANY
1014 N PLUM ROAD
UNIT # 103
SCHAUMBURG IL 60173

B & B TRUCKING INC OF MINNESOTA
1737 240TH AVE
GRANADA MN 56039

BARLOW TRANSPORT LLC
P O BOX 539
WEWAHITCHKA FL 64448

BELLA FREIGHT LLC
1535 PECAN PLACE
CIRCLEVILLE OH 45601

B & C MARATHON TRANSPORTATION
522 196TH DR NW
ELK RIVER MN 55330

BARNHART TRANSPORTATION
PO BOX 247
HARBORCREEK PA 16428

BENESCH, FRIEDLANDER, COPLA
127 PUBLIC SQUARE #4900
CLEVELAND OH 44114

B & K TRUCKING
130734 COUNTY ROAD N
MARATHON WI 54448

BARROW LOGISTICS LLC
2500 STATE HWY 121 APT# 334
EULESS TX 76053

BERGMAN TRUCKING INC
889 CO RD 12
ITHACA NE 68033

BEST EXPRESS TRANSPORTATION, LLC
1741 CHERRINGTON
EL PASO TX 79928

BIG BOB BERRY TRUCKING INC
7075 W GOWAN RD APT 2012G
LAS VEGAS NV 89129

BLACK STAR TRANSPORT INC
7376 HUNTINGTON SQUARE LN #1
CITRUS HTS CA 95621

BEST TRANSIT LLC
228 LINDENWOOD AVE
MELISSA TX 75071

BIG EXPRESS INC
1790 HAWTHORNE COURT
ROMEOLVILLE IL 60446

BLINKHORN LOGISTICS LLC
7587 JOSHUA TRCE
CANAL WNCSTR OH 43110

BETA FREIGHT INC
5641 N MENARD AVE 2ND FLOOR
CHICAGO IL 60540

BIG HORN EXPRESS TRUCKING, LLC
1205 WHEELERS RIDGE RD
BEDFORD VA 24523

BLUE HORSE TRUCKING LTD
50 REDSTONE RD NE
CALGARY, AB T2C 4T9

BETISO KALLO DBA ZED EXPRESS LLC
1400 ANCHOR DR
WYLIE TX 75098

BIG M TRUCKING INC
3863 COUNTY ROAD 60
EUTAW AL 35453

BLUE ROSE TRANSPORTATION IN
1100 OHLTOWN MCDONALD ROA
MINERAL RIDGE OH 44440

BETWEEN THE DITCHES LLLP
4300 DERBYSHIRE TRCE SE
CONYERS GA 30094

BIG MEN TRUCKING LLC
9824 MATZON RD
MIDDLE RIVER MD 21219

BLUESTAR SERVICES LLC
P.O. BOX 72847
ROSELLE IL 60162

BFT INC
PO BOX 4040
OMAHA NE 68127

BIG WORM TRANSPORT LLC
740 ELK COVE CT NW
KENNESAW GA 30171

BMB EXPRESS LLC
3900 AVENUE I APT 102
BIRMINGHAM AL 35242

BH TRANS, INC.
2280 HICKS RD UNIT 508
ROLLING MEADOWS IL 60008

BIRCA TRANSPORTATION INC
7920 W 108TH ST
PALOS HILLS IL 60465

BMS TRANSPORTATION LLC
5349 ROOSEVELT AVE
PORT ARTHUR TX 77640

BHAJ TRANSPORT INC
2346 S LYNHURST DR SUITE 510
INDIANAPOLIS IN 46143

BISHOP FREIGHT SERVICE
6405 STONEY CREEK
PASADENA TX 77503

BMT TRANSPORT LLC
9737 AMBERTON PKWY APT 105
DALLAS TX 75115

BICHRI FREIGHT LLC
4105 PARK TRAIL POINT
ANTIOCH TN 37013

BLACK EAGLE TRANSPORTATION LLC
7518 COVE WAY
SAN ANTONIO TX 78247

BOGG EXPRESS LLC
7577 CENTRAL PARKE BLVD 129
MASON OH 45040

BOGGSTRUCKING LLC
228 COUNTRY RD
BELTON SC 29627

BR TRANSPORTATION LLC
8823 IROQUOIS DR
SAINT LOUIS MO 63126

BRUCKNER LEASING COMPANY
AKA MACK LEASING SYSTEM
9471 E. INTERSTATE 40
AMARILLO TX 79118

BOLDS TRANSPORT LLC
4111 DOMENIQUE LANE
FLORISSANT MO 63042

BRAMOVIX LLC
9904 ALOE CT
ODESSA TX 79765

BRUCKNER LEASING COMPANYIN
AKA MACK LEASING SYSTEM
9471 E. INTERSTATE 40
AMARILLO TX 79118

BOMBAY TRANSPORT INCORPORATED
22280 LOST BRANCH CIR
ASHBURN VA 20166

BREEZE TRANSPORTATION LLC
5451 ELKHORN
INDIANAPOLIS IN 46217

BRUNEX CORPORATION
500 74TH ST APT 105
DOWNERS GROVE IL 60515

BORDERLINE LOGISTICS LLC
413 MOUNT EVEREST DR
RIO GRANDE CY TX 78582

BRIAN E SMITH DBA SMITH FIRST TRUCKING
RR 61 BOX 7250
MACOMB MO 65702

BRUNEX MOTOR FREIGHT
18862 N 1600 E ROAD
PONTIAC IL 61764

BOT TRANSPORT INC
9800 BOSTON RD
N ROYALTON OH 44133

BRIGGS TRANSIT, LLC
9249 TORREY RD
WILLIS MI 48174

BRYANT'S TRANSPORTATION LL
9593 AIRLANE DR
MACEDONIA OH 44056

BOTTOM LINE CONCEPTS
3323 NE 163RD ST
SUITE 302
NORTH MIAMI BEACH FL 33160

BRISTOL EXPRESS INC
7402 BRISTOL PIKE
LEVITTOWN PA 19057

BS LOGISTICS LLC
3805 OAKLAND AVENUE
SUITE 201E
SAINT JOSEPH MO 64505

BOUIE TRANSPORTATION INC
20300 NE 3RD CT
MIAMI FL 33179

BROCKWOOD TRUCKING LLC
PO BOX 136
VOLIN SD 57032

BSJ & P TRANSPORTATION INC
3134 MARSH ISLAND DR
MYRTLE BEACH FL 29579

BOWERMAN TRUCKING INC
180 LEE LN
SEARCY AR 72143

BROOKHILL LLC
2206 BROOKHILL RD
DOTHAN AL 36301

BSL EXPRESS TRUCKING INC
PO BOX 1249
BOLINGBROOK IL 60446

BOYD BROS TRANSPORTATION INC
3275 HIGHWAY 30
CLAYTON AL 36016

BROOMFIELD TRANSPORT LLC
21227 KNIGHT QUEST DR
TOMBALL TX 77375

BTI SPECIAL COMMODITIES INC
P O BOX 4805
DES MOINES IA 50313

BTR-WAY LOGISTICS LLC
4031 COLONEL GLENN PARKWAY
BEAVERCREEK OH 22079

C & W TRUCKING & SONS INC
4100 ELM STREET
BETTENDORF IA 52722

CA TRANSPORT LLC
46442 GLEN EAGLE DR
UTICA MI 48186

BUCHANAN HAULING & RIGGING I
PO BOX 631526
CINCINNATI OH 46825

C D HAUGEN INC
5049 SCRIBNER RD NW
BEMIDJI MN 56601

CACAK EXPRESS INC
1890 FOX RUN DR UNIT A
ELK GROVE VLG IL 60007

BULLDOG HIWAY EXPRESS
P O BOX 531796
ATLANTA GA 31407

C R HARPER TRUCKING LLC
6500 W NEW BOSTON RD LOT 11 A
TEXARKANA LA 75501

CAEVA TRUCKING
9922 CAROB AVE
FONTANA CA 92337

BWA TRUCKING INC
1153 ALTURA TERRACE
ARCADIA CA 90248

C S HAUL SERVICES LLC
268 NW BENTLEY CIR
PORT ST LUCIE FL 34972

CAIN&ABLE TRUCKING LLC
225 BURNETT ST
GREENVILLE AL 35967

BYERS TRUCKING & FREIGHT BROKER LLC
23 W HARRIET ST
ALTADENA CA 92410

CALJ LIMOUSINE LLC
23121 FREDERICKS DR
FLAT ROCK MI 48091

CAISIN TRANSPORT LLC
1665 LAUREL CREEK DR
LAWRENCEVILLE GA 30043

C & A TRANSPORT LLC
20745 397TH AVE
HURON SD 57350

C&B TRANSPORTATION SYSTEM INCORPORATED
3029 BROOK HIGHLAND DR
BIRMINGHAM AL 35217

CAPRATED FLATBEDS LTD
8270 LAWSON RD
MILTON, ON L9T 5J3

C & C USA CORP
15316 DENMARK DR
ABINGDON VA 24210

C01 TRUCKING LLC
13215 BUCHANAN ST
GRAND HAVEN MI 49417

CANDACE LAWSON
6485 COUNTY ROAD 89
BRYANT AL 35958

C & G TRANSPORT
409 HALLEY AVE
MERCED CA 95340

C2 TRANS
3960 BROADWAY BLVD #220A
GARLAND TX 75042

CANDELARIAS TRUCKING LLC
153 BERETTA PATH
NEW BRAUNFELS TX 78130

C & L DAVIS TRUCKING LLC
148 SLIM JIM ROAD
SANTEE SC 29142

C9 TRANSPORTATION LLC
1541 ROBIN LN
LANCASTER TX 75134

CARAVAN LOGISTICS GROUP
5714 KENNETH AVE
CINCINNATI OH 45224

CARDINAL TRANSPORT INC
PO BOX 124
COAL CITY IL 60416

CCT FACTORING LLC
306 NYE DR
CHATTANOOGA TN 37411

CH REY TRANSPORT INC
770 NW 121 ST
NORTH MIAMI FL 33166

CARGO DELIGHTS INC
50 HEATON DR
COVINGTON GA 30014

CDB TRANSPORTATION LLC
20597 KAISER CR
LAKEVILLE MN 55431

CHAHAL LOGISTICS INC
714 LAFAYETTE CIR
PLEASANTVILLE NJ 08332

CARGO RUNNER CO
PO BOX 610028
DALLAS TX 75241

CEDAR POINT TRUCKING INC
PO BOX 429
REXBURG ID 83440

CHAIRES TRUCKING FLATBED SN
P O BOX 1252
HATCH NM 87937

CARGO TRANSPORT ALLIANCE LLC
2216 N 20TH AVE
HOLLYWOOD FL 33020

CENOVI TRANSPORTATION LLC
47 TOTOWA AVENUE
PATERSON NJ 07502

CHET TRANSPORT LLC
130 MORRIS AVE
ENGLEWOOD NJ 07930

CARLOS PITTELLI-NUNEZ
27 HARBOR PINES CT
LAS VEGAS NV 89183

CENTRANS TRUCK LINES LLC
336 WEST US HIGHWAY 30 STE 201
VALPARAISO IN 46385

CHIEF CARRIERS INC
PO BOX 2078
GRAND ISLAND NE 68803

CAROLINA DEVELOPMENT & INVESTMENT INC
111 STAGERS RD
SUMMERHILL PA 15958

CERINO TRANSPORTS
1002 CARTER ST
MILFORD TX 76670

CHISCO FREIGHT LLC
2065 MADERO DR
BROWNSVILLE TX 78045

CARRERA TRUCKING LLC
10827 BIG THICKET
DALLAS TX 75217

CERIUM NETWORKS INC
1636 W 1ST AVE
SPOKANE WA 99201

CHOYCE INC
2121 TANNEHILL DR APT 1066
HOUSTON TX 77008

CARRIER, INC
5105 TALLVIEW DR SUITE 199
ROLLING MEADOWS IL 60008

CFA LOGISTICS INC
11729 SE 249TH ST
KENT WA 98030

CHRIS HELMS TRANSPORTATION
1000 SHORELINE DRIVE
HOUGHTON LAKE MI 48629

CATASHOV INC
2750 GRANT AVE FL 1
PHILADELPHIA PA 19114

CGR LOGSTICS
25512 CINNAMON DR
PLAINFIELD TL 60585

CHRIS LLC
2 BOSQUE PL
LOS LUNAS NM 87031

CHRIS LOGISTICS LLC
760 WINSTON DR
LAWRENCEVILLE GA 30046

COLBERT'S L TRANSPORTATION LLC
1418 SPRINGVIEW DR
AUGUSTA GA 30906

CORNERSTONE TRANSPORT INC
P O BOX 822
ONEILL, NE T0E 0G0

CHRIS LOWERY DBA CRL LOGISTICS
12205 DEERFIELD LN
GLADE SPRING VA 24340

COLLAZOS ELITE TRUCKING
2555 OGDEN ST
SAN BERNARDINO CA 92407

COROBAN TRUCKING INC
615 HUNTINGTON LN
SCHAUMBURG IL 60106

CHRISTOPHER'S ROCK YARD LLC
4424 PALISADES PLACE DR
STONECREST GA 30058

COLLINS LOGISTICS & TRANSPORTATION
2128 REMOUNT RD STE B 128
CHARLOTTE NC 28210

CONTELLON DELIVERY SERVICES L
6800 S INTERNATIONAL PKWY S10
MCALLEN TX 78503

CITISTATE CARRIERS INC
4 EMBARCADERO CRT
SUITE 1400
SAN FRANCISCO CA 94111

COLUMBUS CARGO INC
300 N MAIN ST STE 400
MIDDLETOWN OH 45042

COUNTRYWIDE TRANSPORT INC
72 CROSSWAYS DRIVE EAST
BOHEMIA NY 11716

CJM TRANSPORTATION LLC
129 WREN DR
RINGGOLD GA 30736

COMPLEXITY TRANSPORTATION LLC
3218 PANTERA DR
TEXAS CITY TX 77571

COWTOWN EXPRESS INC
7050 JACK NEWELL BLVD S
FORT WORTH TX 76118

CL TRANSPORT SERVICE INC
5594 LARK SPARROW CT
JURUPA VALLEY CA 92509

COND TRUCK LLC
1931 MARKET CENTER BLVD APT 1214
DALLAS TX 75207

CR TRANSPORT INC
PO BOX 124
COAL CITY IL 60416

CLIFF REED INC
656 WILLOW CREEK ROAD
CORVALLIS MT 59828

CONNECT GLOBAL LOGISTICS LLC
7933 APALACHEE DR
INDIANAPOLIS IN 46217

CR TRUCKING & REPAIR INC
1806 BELMAR DR
GASTONIA NC 28052

CM STEELE TRUCKING LLC
112 TURNIPSEED LANE
STATESVILLE NC 28677

COOKIE CARRIERS INC
7465 E US HIGHWAY 6
BUTLER IN 46721

CRESCENT STAR EXPRESS INC
1361 GLENGARY DR
GLENDALE HEIGHTS IL 60185

COACH XPRESS INC
9045 SOMERSET CT
ORLAND PARK IL 60439

COOMES INC
1697 E 250 LANE
PHILLIPSBURG KS 67661

CROMER TRUCKING LLC
11924 SAND SPRINGS RD
MOUNT VERNON KY 40456

CROSS EXPRESS COMPANY
567 W ALGONQUIN ROAD
MOUNT PROSPECT IL 60056

CVD TRANSPORT INC
6105 COBBLESTONE CT
GULF SHORES AL 36547

D XAVIER TRUCKING INC
16 EAGLE LN
PAXTON MA 01612

CROWLEY FLECK
490 N 31ST ST.
BILINGS MT 59101

CW WELDING & FABRICATION LLC
14369 305TH ST
VESTA MN 56292

DABCO LLC
31929 AMERICAN LEGION RD
MACKINAW IL 61755

CRST EXPEDITED INC
PO BOX 71573
CHICAGO IL 71573

CWK TRANSPORT INC
PO BOX 379
GOSHEN IN 46528

DAILY STOIC TRANSPORT INC
1632B CALIFORNIA AVE SW
SEATTLE WA 98116

CSA & AP CARRIERS INC
234 BIRMINGHAM CT
ROSELLE IL 60008

D & C TRANSPORT SERVICE LLC
10650 COUNTY RD 81 #218
MAPLE GROVE MN 55430

DALTON BONTRAGER TRUCKING
67085 CR 11
NAPPANEE IN 46516

CUEVAS TRANS INC
108 LEYVA AVE
FIREBAUGH CA 93622

D & L SUPPLY COMPANY
880 WEST 150 NORTH
LINDON UT 84042

DAMITRANS CORP
PO BOX 840267
DALLAS TX 75254

CULLER TRANSPORT LLC
3421 COUNTY ROAD 213
CLYDE OH 43410

D A B LOGISTICS INC
11505 ROUTE 143
STANSTED-EST, QC J0B 1L0

DANS ADVANTAGE TOWING & R
P O BOX 27112
KNOXVILLE TN 37924

CULLIGAN WATER
603 W MAIN ST
LAUREL MT 59044

D AND L TOWING INC
375 MACK RD
SABINSVILLE PA 18202

DANSAB INC
11138 NORTHWEST RD #D
PALOS HILLS IL 60465

CUNNINGHAM EXPRESS LLC
3861 G 1/4 RD
PALISADE CO 81526

D L DEEM
7800 RT 35
MILLS PA 17220

DAT SOLUTIONS LLC
BOX #3801, PO BOX 8500
PHILADELPHIA PA 19178-3801

CUSTOM TRANSPORTATION LLC
PO BOX 8
WHITEVILLE TN 38075

D LEWIS TRANSPORT LLC
6863 COUNTY ROAD HH
VESPER WI 54489

DAVE SUITTER TRUCKING INC
29 N 150 W
JEROME ID 83338

DAVID C EPLEY DBA EPLEY TRANSPORT LLC
173 CALLAWAY ST
NEWTON AL 32425

DBT LLC TRANSPORT LLC
3708 NUTHATCH DR
INDIAN TRAIL NC 29730

DIAMOND DELIVERY LLC
16505 NE 22ND ST
VANCOUVER WA 98684

DAVID PHILLIPS TRUCKING CO.
PO BOX 169
BEAR CREEK NC 27207

DDM LOGISTICS INC
6800 SANTA FE DR
HODGKINS IL 60525

DIAMOND HEAD TRANSPORT LL
19 WILD ACRES RD
DRASCO AR 72039

DAVID RODRIGUEZ TRUCKING LLC
1827 S CRAIG CIR
ROGERS AR 72758

DECK LOGISTICS LLC
11619 W QUINN DR.
ODESSA TX 79764

DIAMOND PRO LOGISTICS INC
7823 SYDNEY BAY CT
RICHMOND TX 77407

DAVIS & DAVIS TRUCKING LLC
3305 WELLER DR
INDIANAPOLIS IN 46268

DEE J HELLIE
4151 S 38TH ST
LINCOLN NE 68526

DIANA M OREJUELA ORTEGA DOR
79269 TALLADEGA SPRINGS LN
RICHMOND TX 77085

DAWSON TRUCK LINES
1007 CHEROKEE STREET NE
ROANOKE VA 24012

DELTA FREIGHT SYSTEMS LLC
1350 E TOUHY AVE SUITE 110E
DES PLAINES IL 60018

DINCPIE TRUCKING LLC
3649 EVERGREEN PARKWAY UN88
EVERGREEN CO 80439

DAWSON TRUCK LINES INC
1007 CHEROKEE STREET NE
ROANOKE VA 24012

DELTA TRUCKING GO INC
PO BOX 279345
SACRAMENTO CA 95826

DLV EXPRESS INC
5917 PARTRIDGE LANE
LONG GROVE IL 60007

DAY 2 NIGHT TRANSPORTERS LLC
195 NE OREGON AVE
IRRIGON OR 97844

DENT TRUCK LINES INC
225 COUNTY ROAD 109
SWEETWATER TX 79556

DMM EXPRESS
7410 N 92ND AVE
CAMAS WA 98607

DAYTON LOGISTICS SERVICES LLC DAYTON
521 LEO ST
DAYTON OH 45414

DEEDS TRANSPORT SOLUTIONS LLC
65 KYLE DR
PHILLIPSBURG NJ 08846

DNM EXPRESS LLC
9413 OTTER CREEK DR APT B
CHARLOTTE NC 28277

DB EXPRESS SERVICES INC.
404 RIDGE ST
ALGONQUIN IL 60527

DH CARRIER
1943 BLEVIN ROAD
YUBA CITY CA 95993

DONALD LEWIS DBA D LEWIS T
6836 ROOK BLVD
HOUSTON TX 77087

DONE RIGHT TRUCKING
6554 OASIS BUTTE DR
COLORADO SPRINGS CO 80923

DREAMLOG INC
12811 WATERFORD RD
PLAINFIELD IN 60585

DZYK TRANSPORTATION SERVIC
8121 NEW TOWN RD
WAXHAW NC 28173

DONNA JONES
2701 HUMMINGBIRD WAY
BILLINGS MT 59105

DRINA TRANS INC
2217 BRESEE
CARROLTON TX 75032

E & R TRANSPORTATION LLC
408 WINECOFF WOODS DR NW
CONCORD NC 28027

DOUBLE M XPRESS INC
5272 PRAIRIE FLOWER RD
CERES CA 93215

DRIVE ON HOLDINGS LLC
4112 W 125TH
CROWN POINT IN 46307

E M C A EXPRESS LLC
5322 CRITTENDEN ST
HYATTSVILLE MD 20781

DOUBLE NICKLE TRUCKIN LLC
1648 TIMBER CREEK DR
HERNANDO MS 38632

DSK TRANSIT LLC
3321 CHELTENHAM ST
LAS VEGAS NV 60515

E U D LOGISTICS CORP
27500 SW 137TH CT
HOMESTEAD FL 33172

DOUBLE R TRANSPORTATION LLC
PO BOX 2557
SAPULPA OK 74066

DUE NORTH TRANSPORT
7048 64TH AVE NE SUITE 2
REMER MN 56672

E Y G TRANSPORT LLC
1011 E 42ND ST
SAN ANGELO TX 76903

DOUBLE SS HOLDING GROUP LLC
3203 DAYMARK TER
OCOEE FL 34761

DUKE OILFIELD SERVICES, LLC
P0 BOX 1253
LOVINGTON NM 88260

E- TYPE LOGISTICS LLC
445 BUCKHURST DR
BALLWIN MO 63117

DOUG BRADLEY TRUCKING INC
680 E WATER WELL RD
SALINA KS 67401

DUNHAM TRUCKING LLC
3362 EAST 1/4 ROAD
CLIFTON CO 81520

E3A TRUCKING INC
4000 COASTAL COVE CIR
JACKSONVILLE FL 32225

DPS LOGISTICS LLC
0N321 MORNINGSIDE AVE
WEST CHICAGO IL 60185

DYNAMIC ENERGY TRANSPORT, LLC
3833 EAST LARKSPUR LANE
GARDENDALE TX 79758

EAGLE BUSINESS CREDIT LLC
4036 W 120TH ST
MERRIONETT
IN IL 60803

DRB EXPRESS
1296 PRIMM RD
ASHLAND CITY TN 37015

DYNAMIC MD LLC
250 NORTH SCHMALE ROAD
CAROL STREAM IL 60188

EASLEY TRANSPORTATION ASSLL
11726 W CHENANGO DR APT 15
MORRISON CO 80465

EASTERN EXPRESS INC
PO BOX 74124
CLEVELAND OH 44125

EDOTEX TRUCKING EML TRANSPORTATION LLC
15222 HILLTOP VIEW DRIVE
CYPRESS HILLS TX 77429

EDOTEX TRANSPORTATION LLC
5941 STATE HIGHWAY 359
LAREDO TX 78041

EBELE BROTHERS TRUCKING, LLC
21739 CLARENCE LANE
LITTLETON CO 80120

EFAX CORPORATE C/O J2 CLOUD SERVICES
PO BOX 51873
LOS ANGELES CA 90051-6173

ENGINEER EQUIPMENT COMPANY
P O BOX 250
CASHION AZ 85323

EBMS INC
PO BOX 21367
BILLINGS MT 59104-1367

EGV LOGISTICS INC
1629 W ERIE ST
CHICAGO IL 60654

ER FREIGHT TRANSPORTATION LLC
937 BALSAM LN
BARTLETT IL 60428

ECHO ENTERPRISE TRUCKING INC
5826 N FLORIDA ST
SPOKANE WA 99217

EGZIT CORPORATION
9 S 220 S FRONTAGE RD 18/211
WILLOWBROOK IL 60527

ESCOBEDO TRUCKING
9222 SCRANTON
HOUSTON TX 77013

ECLECTIC LOGISTICS LLC
1140 KIMBERLY RD. STE 210
DAVENPORT IA 52807

EL CAIMAN TRUCKING
2009 LEEANN DR
AUSTIN TX 78758

ESS EN CY, LLC DBA CHAD NITR
4435 E CHANDLER BLVD STE 20
PHOENIX AZ 85019

ECLIPSE SOLUTIONS INC
152 BENTON LN
BLOOMINGDALE IL 60108

EL PASO HOTSHOT TRANSPORTATION LLC
317 HARTLEY AVE
SAN ELIZARIO TX 79936

EL PASO UNITED LLC
2809 PARKVIEW LN #1313
BEDFORD TX 76119

EDGAR DEJESUS QUINTEROS DBA E QUINTEROS
17553 KRANENBURG AVE
BAKERSFIELD CA 93307

EDOTEX TRANSPORT LLC
2443 SENTRY PALM DR
RIO GRANDE CITY TX 78582

EV TRUCKING & TRANSPORT L
8928 MYRA WAY
CHARLOTTE NC 28215

EDMSTARS TRUCKING LTD
6019 19 AVE SW
EDMONTON, AB T6X 2A4

ELITE TRANSPORT SERVICES LLC
3400 INLAND EMPIRE BLVD STE 101
ONTARIO CA 91764

EVE TRUCKING INC
9864 LELAND AVE UNIT 412
SCHILLER PARK IL 60402

EDO EXPRESS LLC
14008 NE 102ND ST
VANCOUVER WA 98682

EMANUEL PRO DELIVERY TRUCKING LLC
667 CROSSPOINT DR
NEW BRAUNFELS TX 78130

EVERHART TRANSPORTATION INC
1622 INDUSTRIAL ROAD
GREENEVILLE TN 37745

EVOLUTION TRANSPORT INC
1094 WILDLEAF CV
MEMPHIS TN 38116

FAITHFUL 33 TRUCKING LLC
PO BOX 2442
WEATHERFORD TX 76088

FERGUSONS TRANSPORT LLC
482 STAR BLVD
MADISON TN 37115

EXODO TRANSPORT LLC
4062 N 80TH DR
PHOENIX AZ 85254

FALVEY SHIPPERS INSURANCE LLC
66 WHITECAP DR
NORTH KINGSTOWN RI 02852

FIELDS BOY ENTERPRISE LLC
PO BOX 53721
INDIANAPOLIS IN 46253

EXPRESS ALLIANCE COURIER
2633 LIME AVE
SIGNAL HILL CA 90755-2719

FARMERS ELEVATOR OF KENSINGTON, MINNESOTA
22 RAILWAY ST W
KENSINGTON MN 56343

FIREMASTER
DEPT 1019, PO BOX 121019
DALLAS TX 75312-1019

EXPRESS CONNECTION LOGISTICS INC
23560 RED JUNIOER LANE
NEW CANEY TX 77357

FARMERS OIL COMPANY INC
826 W MAIN ST
ANTHONY KS 67003

FLASH LOVE LOGISTICS
81 REGENCY PARK DR
AGAWAM MA 10100

EXPRESS RIDER TRUCKING LLC
PO BOX 683254
HOUSTON TX 77043

FAST4WARD EXPRESS INC
1181 E RANDVILLE DRIVE
PALATINE IL 60074

FLAT SOLUTIONS LLC
5545 HOMEWOOD RD
PENSACOLA FL 32504

F & S TRUCKING
820 ROYLE RD
LADSON SC 29418

FASTRANSPORE LLC
19941 KENTVILLE ROAD
TISKILWA IL 60515

FLEET LOGISTICS LLC
3822 WOODBRIDGE CT
BOWLING GREEN KY 42103

F2F TRANSPORT
PO BOX 306445
NASHVILLE TN 37402

FASTWAY TRANS GROUP INC
65 MARTHAS MEADOW PLACE NORTHWEST
CALGARY, AB T3J 4P4

FLOYD TRUCKING LLC
WST23 CTH M
MEDFORD WI 54451

FAB HAULING AND LOGISTICS LLC
33 BRUNSWICK LN
HENDERSON NC 27537

FASTWAY TRANS LLC
3620 E 42ND ST APT 203
MINNEAPOLIS MN 55406

FLUKER TRANSPORTATION LLC
41321 THOMPSON DR.
HAMMOND LA 70403

FADE TRANSIT LLC
554 GREEN GARDEN CIR
CHESTER VA 23836

FEDEX
PO BOX 94515
PALATINE IL 60094-4515

FM TRUCKING LLC
2801 WELLS BRANCH PKWY
AUSTIN TX 78726

FOILES TRUCKING LLC
15679 NIGHT GALLERY LANE
JERSEYVILLE IL 62052

FRANKFOTHER TRUCKING
1435 TOWNLINE RD
STEWART IL 60553

FRIESIAN TRANSPORTATION, IN
PO BOX 1287
MOUNT AIRY NC 27030

FORSAGE INC
838 BLUESTEM DR
BOLINGBROOK IL 60440

FRASIER DEDICATED SERVICES INC
1200 NORTH 28TH AVENUE
DFW AIRPORT TX 75261

FRONTIER LEASING INC
1100 N OHIO STREET
SALINA KS 67401

FORT MYERS TRUCKING INC
PO BOX 150576
CAPE CORAL FL 33915

FREDDIE PAYNE LLC
PO BOX 906
WEDOWEE AL 36278

FSD FREIGHT CO
450 W BRIAR PL APT 12M
CHICAGO IL 60632

FOUR BROTHERS TRANSPORT LLC
1277 HORIZON RIDGE CT NE
KEIZER OR 97303

FREERKSEN TRUCKING INC
9 3RD AVE SW
DODGE CENTER MN 55927

FSD TRANSPORTATION INC
319 S NAPERVILLE RD SUITE 20
WHEATON IL 60189

FOUR D TRUCKING LLC
81 E FARMINGTON TRCE
PIKE ROAD AL 36108

FREIGHT INTERNATIONAL LLC
1030 DUNEDIN TRL
WOODSTOCK GA 30188

FULGER TRANSPORT INC
4016 COUNTY RD 23
ESSEX, ON N8M 2X7

FOX VALLEY ALFALFA MILL INC
P O BOX 278
HILBERT WI 54129

FREIGHTBULL INC
7455 DUVAN DRIVE
TINLEY PARK IL 60477

FULL SPEED AHEAD INC
355 W DUNDEE RD STE 205
BUFFALO GROVE IL 60089

FR8MAX INC
134 VINTAGE PARK BLVD, STE A-659
HOUSTON TX 77070

FREIGHTSTAR EXPEDITED LLC
1201 W WASHINGTON ST
WEST CHICAGO IL 60185

FUNAKOSHI INC
1435 COVE DR
PROSPECT HTS IL 60070

FRANCIS TRANSPORTATION LLC
PO BOX 677
BRIGHAM CITY UT 84302

FRENCH TRUCKING INC
160 BUD CROCKETT DRIVE
LEXINGTON TN 38351

FUZE TRANSPORT USA, INC.
PO BOX 98
HANOVER MN 55341

FRANCISCO ALVAREZ HERNANDEZ
20803 FAWN TIMBER TRAIL
HUMBLE TX 77346

FRIAS TRANSPORT CORP
2473 SW AVONDALE ST
PORT ST LUCIE FL 34952

FX4 LOGISTICS INC
23605 NE HALSEY ST
WOOD VILLAGE OR 30501

G & C TRUCKING INC
P O BOX 456
AGUILAR CO 81020

GALLARDO TRUCKING, INC
1205 7TH ST
CALEXICO CA 92231

GBA TRANS INC
317 SW 322ND ST
FEDERAL WAY WA 92612

G TRANSPORTATION LLC
619 LONG MELFORD DRIVE
ROLESVILLE NC 27891

GAMA LOGISTICS
1511 BRACK ST
EDINBURG TX 78045

GCS GLOBAL CARRIER SOLUTIONS
7352 STONE BLUFF DR
DOUGLASVILLE GA 30134

G3 SERVICES HEAVY HAUL & PILOT CAR
406 OMEGA ST
EL CAMPO TX 77437

GAMBLE EXPRESS LLC
4611 HARDSCRABBLE RD
STE 108 PMB 274
COLUMBIA SC 29229

GE NATIONWIDE LLC
658 WINDING SPRING DR
FAYETTEVILLE AR 72703

G9 TRUCKING LLC
3336 CHATEAU LANE
LOUISVILLE KY 40219

GARRY BARNES DBA GLB TRUCKING
13151 COUNTY RD 431
DEXTER MO 63849

GEAR DRIVEN TRANSPORTATION
3902 SHARON RD
MIDLAND MI 48642

GA LOGISTICS LLC
8624 24TH AVE APT 1A
BROOKLYN NY 07721

GARY DAVIS CONSTRUCTION, LLC
PO BOX 579
HURRICANE UT 84737

GEAR LOGISTICS CORP
3716 S AUSTIN BLVD
CICERO IL 60301

GABE TRUCKING LLC
3051 NE 150TH AVE APT A
VANCOUVER WA 98661

GARY EXPRESS TRUCKING LLC
1176 HENSLEY RD W
FORT MILL SC 28601

GENUINE TRANSPORT INC
2217 S 59TH CT
CICERO IL 60804

GABLE TRUCKING LLC
8855 SOUTH 135 ST WEST
CLEARWATER KS 67026

GARYS TRUCK AND TRAILER REPAIR
15003 90TH ST E
PUYALLUP WA 98047

GEO TRUCKERS LLC
6326 CARRIAGEWOOD CT
RICHMOND TX 77469

GAJ TRANSPORT L.L.C.
101 CLYDE MORRIS BLVD APT 150
ORMOND BEACH FL 32174

GAYLE FRERICHS TRUCKING LLC
2425 N 25TH ST
TERRE HAUTE IN 47932

GEORGE FREIGHT SOLUTIONS L
21255 SW 173RD AVE
MIAMI FL 33182

GALAXY TRANSPORT LLC
503 E NIFONG BLVD 129
COLUMBIA MO 65201

GB GR TRANSPORT
4355 WINDERGATE DR
JACKSONVILLE FL 32257

GH GLORIAS LLC
15895 E 8TH DR
AURORA CO 80013

GIFTED UMBRELLA LLC DBA AZ3 TRANSPORT INC
2822 CASHWELL DR STE 233
GOLDSBORO NC 27530

USPOREX TRANSPORT INC
9169 W STATE ST #550R
BOISE ID 83714

GOLDEN WAY TRUCKING INC
24119 W RIVERWALK CT #133
PLAINFIELD IL 60446

GILL BROTHERS
14916 SIMMONS GROVE DRIVE
HAYMARKET VA 20169

GLOJISTIK LLC
11619 GLADEFIELD DR
HOUSTON TX 77063

GOOD DAY CARRIER CORP
16W350 94TH STREET
BURR RIDGE IL 60527

GIT TRUCKING LLC
140 HICKMAN ST
MOBILE AL 36610

GM & SR EXPRESS
16455 DARLINGTON MEADOW COURT LANE
HOUSTON TX 77073

GOZPOL TRANSPORT INC
1412 KNOLL WOOD RD APT 104
WILLOWBROOK IL 60527

GL GROUP INC
3019 SERENITY LN
NAPERVILLE IL 60564

GMX LOGISTICS LLC
7918 MAIN ST # 852
FOGELSVILLE PA 18954

GP TRANSPORTATION CO
PO BOX 95379
CHICAGO IL 60436

GLG TRANSPORT & LOGISTICS LLC
5755 N GENOA WAY APT 14-204
AURORA CO 80011

GNH LOGISTICS INC
1701 CANDLER LN
MODESTO CA 95354

GREAT CONNECTIONS INC
5234 OAKTON STREET APT 3B
SKOKIE IL 60077

GLOBAL CARRIER LLC
5963 GLENWAY DR APT B
BROOK PARK OH 44142

GNI EXPRESS INC
7913 GLEN TREE DRIVE
CITRUS HEIGHTS CA 95765

GREAT LAKES CARRIER LLC
102 W DIAMOND LAKE RD APT 3
MINNEAPOLIS MN 55419

GLOBAL EXPRESS LLC
3122 GLENDALE AVE
HATTIESBURG MS 39402

GNS TRUCKING INC
2434 FOREST DR # 208
WOODRIDGE IL 60108

GREAT WIDE A T F TRUCKING LL
PO BOX 69153
BALTIMORE MD 21297

GLOBAL TRANS LLC
PO BOX 8354
MINNEAPOLIS MN 55418

GOLD POINT TRANSPORT
3071 WEST STATE HIGHWAY F,
OZARK MO 65721

GREEN'S TRUCKING
PO BOX 96
SAINT JOSEPH TN 38481

GLOBAL TRUCKING INC
5932 209 ST NW
EDMONTON, AB T5P 2R9

GOLDEN GRAIN ENTERPRISES, LLC
400 W SANTA FE TRAIL BLVD
LAKIN KS 67860

GREENWAY SYSTEMS INC
1712 W 8300 S
WEST JORDAN UT 84084

GREGERSON EXPRESS INC
26159 740TH AVE
GRAND MEADOW MN 55936

GUENTHER ROBB HATCH
PO BOX 91
SNOW FLAKE AZ 85937

H I TRUCKING LLC
14611 GULLY PLACE
DALLAS TX 75182

GRIZZARD TRUCKING LLC
45 DRY CREEK RD
UNION GROVE AL 35016

GUIA & ROJAS TRANSPORTATION LLCH W BLAHNIK TRUCKING INC
28122 SW 160TH CT
HOMESTEAD FL 33033

WEST 7522 SWANSON ROAD
STEPHENSON MI 49887

GROEN ENTERPRISES INC
7568 US HWY 264 E
WASHINGTON NC 27889

GUIMARA S POZO TRUCKING TRANSPORTATION
13733 FORCE ST
HOUSTON TX 77049

GRAHAM HAULING LLC
3847 LYNDAL AVE
BALTIMORE MD 21215

GROTHAUS TRUCKING CO
10339 PLAINVIEW BLACKTOP
PLAINVIEW IL 62037

GUTIERREZ TRANSPORT LLC
1416 GENEVIEVE WAY
CERES CA 92231

H2O LOGISTICS INC
67 SLATER STREET
CAMBRIDGE, ON N1R0C4

GROUND PILOT LOGISTICS INC
3323 LEHIGH CRESCENT
MISSISSAUGA, ON L4T 1W9

GUY M TURNER INC
PO BOX 7776
GREENSBORO NC 27406

HAARP TRANS LTD
HAARP TRANS LTD
MISSISSAUGA, ON N0B 2T0

GTI TRANSPORT
7600 CHEVY CHASE DR
SUITE 300
AUSTIN TX 78752

GUZMAN TRANSPORTATION
15825 SUSAN EILEEN AVE
BAKERSFIELD CA 93308

HAHN RANCH TRUCKING INC
7996 HWY 287
TOWNSEND MT 59644

GTR TRANS LLC
2025 SE 117TH AVE
PORTLAND OR 90250

GV AUTO LLC
2210 W MAIN ST STE107
BATTLE GROUND WA 98604

HAJ TRANSPORTATION INC
8916 DATAPOINT DR APT 1134
SAN ANTONIO TX 78229

GTS EXPRESS INC
P O BOX 191
WAYNESBORO GA 30830

GVA TRANSPORTATION INC
1431 OPUS PLACE SUITE 110
DOWNERS GROVE IL 60532

HAMMER LANE TRUCKING LLC
13890 120TH ST
WADENA MN 56482

GTS TRANSPORTATION
7545 S MADISON ST
BURR RIDGE IL 60527

H & S ENTERPRISES INC
199 STRYKERS ROAD
PHILLIPSBURG NJ 08865

HAMMERDOWN EXPRESS INC
24730 W BLUFF RD
CHANNAHON IL 60513

HANDY TRANSPORTATION INC
10122 S MANDEL ST
PLAINFIELD IL 60585

HEAVY HAUL LLC
1802 W LANSING RD
MORRICE MI 48857

HEROSE LLC
1627 NAVCO RD
MOBILE AL 36605

HARBY TRANSPORT LLC
9170 53RD AVE W
MUKILTEO WA 98275

HEAVYHITTERZTRUCKINGLLC
1890 WEST 7865 SOUTH
WEST JORDAN UT 84088

HERRERA TRUCKING
1429 HWY 112
EASTLAND TX 75050

HARDWAY TRANSPORTATION INC
118 IRON STATION ROAD
DALLAS NC 28037

HECTOR MARTINEZ GUTIERREZ
11895 CASCADA CT
FONTANA CA 92337

HERRERAS TRUCKING LLC
2505 WOLVEY RD
EASTOVER NC 28312

HARPERS HOT SHOT TRUCKING
PO BOX 449
WICHITA FALLS TX 76307

HEDY KALANTAR
PO BOX 2473
CLARKSVILLE TN 37043

HFC TRANSPORT LLC
4340 PITT RD
CEDAR HILL TN 37032

HATFIELD ENTERPRIZES INC
16715 EAST EUCLID AVENUE
SPOKANE VALLEY WA 99216

HELEN OF TROY TRANSPORTATION LLC
3505 LEWISTON RD
GREENSBORO NC 27410

HIGHWAY FREIGHTLINE LLC
16890 BRAEBURN ST
ROMULUS MI 48174

HAULING ASSETS TRUCKING INC
7248 HWY 270
MALVERN AR 71913

HENRY LAMAR RAMSEY
PO BOX 39
SCOOBA MS 39358

HIGHWAYS & SKYWAYS TRANSP
927 DR MLK JR WAY
GASTONIA NC 28052

HAWKS RANCH TRUCKING LLC
301 W MAIN ST.
ADAIR OK 74361

HENRYS CARRIER INC
7015 WINGATE DR
CUMMING GA 30040

HMD LLC
10031 VIRGINIA AVE
CHICAGO RIDGE IL 60415

HAYDAY EXPRESS
36468 405TH LANE
AITKIN MN 56431

HEREAFTER TRANSPORT LLC
9660 FALLS OF NEUSE RD
RALEIGH NC 27615

HN LOGISTICS LLC
1 SPRING DRIVE
BURLINGTON NJ 08016

HAYWARD LOGISTICS
367 TALBOT STREET
COURTLAND, ON N0J 1E0

HERITAGE TRANSPORT INC
PO BOX 427
BRANDON MN 56308

HOGA TRANSPORT LLC
1086 HAMPSTEAD DR S
COLUMBUS OH 43224

HOLMES LOGISTICS LLC
870859 S 3370 RD
CHANDLER OK 74834

HUFF HAULING LLC
273 OLD WILMINGTON ROAD
COATESVILLE PA 19320

IDS TRUCKING INC
16W543 MOCKINGBIRD LANE # 10
WILLOWBROOK IL 60525

HOLTZMAN TRUCKING CO INC
PO BOX 221
TELL CITY IN 47586

HUTCHENSON AND SON TRUCKING LLC
186 SFC 768
FORREST CITY AR 63855

IG TRANSPORTATION INC
500 S LOMBARD RD UNIT A
ADDISON IL 60101

HOMER EXPRESS LLC
33243 POWER LINE CT
WARRENTON MO 63383

HUTCHINSON TRUCKING LLC
5310 EL TIGRE LN
BAYTOWN TX 77520

IGNITE TRANSPORTATION LLC
7506 PRIMROSE ST
PEARLAND TX 77584

HORIZON TRUCKING INC
578 ANDERSON LANE
MADISON TN 37210

I D E TRANSPORTS INC
1287 DESIERTO SECO DR
EL PASO TX 79936

IGO EXPRESS LLC
2615 BLUEFLAG ST
TIPP CITY OH 45388

HOSS TRUCKING CORPORATION
516 SOCIAL CIRCLE
CHARLOTTE NC 28638

I V I EXPRESS INC
4314 PARKS RIDGE DRIVE
SNELLVILLE GA 30039

IKO EXPRESS
8706 STONE FIELD WAY
LOUISVILLE KY 40299

HTO EXPRESS LLC
2412 MARY LOU LANE
MONTGOMERY AL 36116

IAN'S TRANSPORT LLC
340 SW 135TH AVE
MIAMI FL 33182

ILLINOIS EXPRESS LLC
1450 N 1ST AVE APT 2
MELROSE PARK IL 60160

HTUN TRUCKING LLC
1238 MAIDEN CHOICE LANE
BALTIMORE MD 21133

IBERIA EXPRESS INC
1680 BARCLAY BCLD
BUFFALO GROVE IL IL 60090

IM TRANSPORT LLC
679 WASHINGTON ST SUIT 8-159
ATTLEBORO MA 02703

HUBAL EXPRESS LLC
1140 COUNTY LINE RD. #23
KANSAS CITY KS 66103

IC TRANSPORT INC
2786 W 132ND LANE
CROWN POINT IN 60525

IMPAC LOGISTICS LLC
282 CREEK FRONT WAY
LAWRENCEVILLE GA 30044

HUERTAS TRANSPORT LLC
1438 ARTHUR ST
BROWNSVILLE TX 78520

ICENOGLA TRANSPORT LLC
708 SHERRY ST
COLCHESTER IL 62305

IMPERIAL TRANSPORT LLC
2693 BLUEFLAG ST
TIPP CITY OH 45371

IMT TRANSPORT
PO BOX 38
GARNER IA 50438

INTERNATIONAL EXPRESS INC
9971 WOODBEND DR
SALINE MI 48176

ITRUCKING INC
12472 KNIGHTS RD
PHILADELPHIA PA 19116

INCLAN EXPRESS INC
5738 EAGLEWOOD PLACE
RANCHO CUCAMONGA CA 91730

INTERSTATE CARRIER LLC
1821 UNIVERSITY AVE W #S305
SAINT PAUL MN 55104

IWV EXPRESS LLC DBA FUTURER
PO BOX 69
WILLIAMSBURG IA 52361

INDUSTRIAL WASTE SERVICE INC.
960 EGYPT ROAD
CAMDEN SC 29020

INTRA LOGIC LOGISTICS INC
8718 STATESVILLE RD STE
CHARLOTTE NC 28269

J & A TRANSPORTATION LLC
2006 COUNTY ROAD 217
EUTAW AL 35462

INHAND TRANSPORTATION INC
479 BYRON BLVD
WASHINGTON TWP OH 45458

IRON HORSE EXPRESS, L.L.C.
PO BOX 26
WEYERS CAVE VA 24486

J & C TRUCKING
W11848 FLETCHER ROAD
RIPON WI 53956

INLAND TRANSPORT LLC
1218 E BLACKHAWK DR
SPOKANE WA 99208

IRON HORSE LINES INC
6723 ASPEN LANE #4
WESTMONT IL 60561

J & M HAULING CORP
7225 W 11TH CT APT 129
HIALEAH FL 33014

INTEG ENTERPRISES LIMITED LIABILITY CO
7155 CITRUS AVE UNIT 322
FONTANA CA 92821

IRON WAY TRANSPORTATION INC
2605 W 22ND ST.
OAK BROOK IL 60523

J & R SERVICE COMPANY INC
1211 6TH STREET
MAYSVILLE OK 73071

INTEGRITY TRANSIT COMPANY LLC
PO BOX 178172
CHICAGO IL 60617

ISD EXPRESS INC
1540 WESTBROOK PLAZA DR SUTE E
WINSTON SALEM NC 27103

J D EXPRESS INC
3138 NAIL ROAD
FRESNO TX 77545

INTENSE LLC
698 BERKSHIRE LANE
SOUTH LEBANON OH 45036

ISSYKKUL EXPRESS INCORPORATE
1179 S LINNEMAN RD, UNIT 3B
MOUNT PROSPECT IL 60056

J DEFENDINI TRANSPORT LLC
2147 LEMON STREET
DELAND FL 32720

INTER CITY TRANSPORT
133 PARK DRIVE
ROCKY VIEW, AB T1Z 0A3

ITE SUPERIOR TRANSPORTATION LLC
925 11TH ST NW
CAIRO GA 39828

J M C EXPRESS TRANSPORT IN
13366 BLYTHEWOOD DR
SPRING HILL FL 34609

J M LEASING CO
PO BOX 27
CLARION PA 16214

JACOB JAMES
C/O RECOVERY OF JUDGMENT
1407 BROADWAY 29TH FLOOR
NEW YORK NY 10018

JAPCO TRANSPORT INC
8815 SHALOM CIR
LAREDO TX 78045

J MAR ENTERPRISES INC
P O BOX 4143
BISMARCK ND 58501

JACOBS ENTERPRISE LLC
260 E 200 N
RUSHVILLE IN 46173

JAS EXPRESS INC
8307 SEEMAN RD
UNION IL 60118

J&J HAULING LLC
1150 SYRACUSE ST APT 5-69
DENVER CO 80014

JADPAK TRUCKING
834 E KELLOGG RD
BELLINGHAM WA 98226

JASNOOR TRUCKING INC DBA ~~OR~~
2657 WHIMBREL CT
GREENWOOD IN 46143

J&L TRUCKING SERVICE CORP
214 US HIGHWAY 46
MINE HILL NJ 07032

JAKC ENTERPRISES L.L.C.
21459 P AVE
HAWKEYE IA 52240

JASON SAWYER DBA J C ~~SAVE~~
4901 DIAMOND MILL RD
GERMANTOWN OH 45327

J&R TRANSIT LLC
205 LAFFITE COVE
HERMITAGE TN 37076

JAM EXPRESS LLC
6892 WHITMAN CIRCLE
BUENA PARK CA 90249

JB CARRIERS LLC
2452 CANDLEWICK CT SE
GRAND RAPIDS MI 49321

J&V TRANSPORT SERVICES
4218 ROYAL PALM DR
MISSION TX 78572

JAMES ENTERPRISE HOLDINGS LLC
C/O RECOVERY OF JUDGMENT
1407 BROADWAY 29TH FLOOR
NEW YORK NY 10018

JB HARRIS TRANSPORT LLC ~~DBA~~
PO BOX 2108
NEWNAN GA 30263

JACK WELKER
540 DEADWOOD AVENUE
SUITE 210
RAPID CITY SD 57702

JAMES MASON ENTERPRISES INC
1555 E MASON DR
KECHI KS 67067

JCM CONSTRUCTION & LOGISTLL
621 E FM 1151
AMARILLO TX 79118

JACKSON ASSOCIATED EXPRESS LLC
157 PINE BLUFF BLVD W
KINGSLAND GA 31548

JAMES RICHARD JEFFRIES DBA JEFFRIES TRUCKING LLC
4227 WEST 500 NORTH
CEDAR CITY UT 84721

JES TRUCKING LLC
422 LAWS HILL RD
HOLLY SPRINGS MS 38744

JACKSS TRUCKING LLC
6938 STATE ROAD 46E
BATESVILLE IN 47006

JANELAND EXPRESS INC
23927 AUGUSTA FALLS LN
SPRING TX 77389

JD CARRIERS LLC
5702 BROKEN LANCE ST
SAN ANTONIO TX 78230

JD FACTORS
4317 TROTTER DR
LEES SUMMIT MO 64082

JLEGEND LLC
5030 ARBURY HILL LANE
ROSENBERG TX 77469

JONES BROTHERS TRUCKING
P O BOX 4414
MISSOULA MT 59808

JETSPEED TRANSPD LLC
15331 JUDY
BAYTOWN TX 77521

JMJ LOGISTICS LTD
C/O JESSE BISCOE
W10686 566TH AVENUE
PRESCOTT WI 54021

JONES LOGISTICS, LLC
6184 HWY 98
HATTIESBURG MS 39402

JFW LOGISTICS LLC
1353 S 116TH ST
MILWAUKEE WI 53226

JMZ TRANSPORT LLC
5136 BEN DAY MURRIN RD LOT 939
FORT WORTH TX 76164

JORDAN CARRIERS
170 HWY 61 S
NATCHEZ MS 39120

JG TRANS, LLC.
287 ELLIOT ST APT 10
NEWTON MA 02464

JOHAL ROADLINES
216 REVENUE RD
CORMAN PARK, SK S7R 0H4

JORGABY FREIGHT SERVICES L
22538 CUTTLER ROAD
NEW CANEY TX 77357

JHK TRANSPORT LLC
7511 HANNEGAN RD
LYNDEN WA 98188

JOHN AHNER EXPRESS INC
12128 278TH AVE
ZIMMERMAN MN 55398

JOSE A ARAGON ARRENDONDO
5602 MELANITE AVE
HOUSTON TX 77053

JHS TRANSPORT INC
13140 GILMOUR DR
FISHERS IN 46037

JOHN N QUINTERO
121 CLAIRMONT DR
COWARTS AL 36301

JOSE GUTIERREZ
19290 SOUTHTON RD
ELMENDORF TX 78112

JISHU TRANSPORT INC
950 N DUESENBERG DR APT 5211
ONTARIO CA 91761

JOHN PFLEDDERER TRUCKING INC
1036 S 275 E
KOUTS IN 46347

JOSEPH ARNDT DBA JOE ARNDT
9303 VALLEY LINE RD
OCONTO FALLS WI 54154

JJYA LOGISTICS L.L.C.
20199 100TH PL
LIVE OAK FL 32060

JOHN VALLEY DBA BERNARD LOGISTICS
18088 CYPRESS CT
GULFPORT MS 39503

JOSEPH ROBERTS TRUCKING INC
1238 FLOYD SPRINGS RD
ARMUCHEE GA 30105

JK TRUCKING LLC
1021 US HWY 62-180 W
SEMINOLE TX 79360

JOLYN INC
PO BOX 614
SHEFFIELD AL 35660

JOYA LOGISTICS LLC
1509 SHELBY RD
KINGS MOUNTAIN NC 28086

JP CARGA EXPRESS LLC
12173 UPDIKE ALLEY
ORLANDO FL 32809

K & H TRUCKING INC
14041 ROYALWOOD DR
FISHERS IN 46222

KDK TRANSPORTATION INC
2320 SAINT CLAIR RIVER DRIVE
ALGONAC MI 48117

JRC TRANSPORTATION INC
PO BOX 366
THOMASTON CT 06787

K D X INC
16035 VAN DRUNEN RD
SOUTH HOLLAND IL 60473

KDM TRUCKING LLC
2881 INDEPENDENCE RD
IOWA CITY IA 52345

JUAN CARLOS ZAVALA BAIREZ
25454 MOORLAND RD
MORENO VALLEY CA 92553

K W TRUCKING
11995 110TH ST
LEOTA MN 66771

KDP TRUCKING INC.
5000 47TH AVE
GREELEY CO 80631

JUNIORS TRANSPORT LLC
1346 ETON WAY
AVON IN 46202

K&J ADVANTAGE LLC
1511 COLEVILLE CIR
NORCROSS GA 30093

KEANE THUMMEL TRUCKING, IN
419 MAIN
NEW MARKET IA 51646

JUSCZAK TRUCKING
1520 9TH AVE SW
FOREST LAKE MN 55025

KAISER TRANSPORT INC
P O BOX 468
JANESVILLE WI 53563

KEEP ON TRUCKIN' LLC
3800 S OLIE AVE
OKLAHOMA CITY OK 73109

JUSTIN ALLISON TRUCKING
41572 SOUTH COUNTY ROAD 198
WOODWARD OK 73801

KAMION SCM INC
20715 N PIMA ROAD SUITE 108
SCOTTSDALE AZ 85255

KEIM TS INC
P O BOX 226
SABETHA KS 66534

JVC ENTERPRISES, INC
PO BOX 85
SHELBY MI 49315

KARREN TRUCKING LLC
PO BOX 904
MOUNTAIN HOME ID 83647

KELVIN BROWN DBA UPTOWN S
PO BOX 280682
NASHVILLE TN 37228

JVC MAJESTICS LLC
3224 INDIAN CREEK AVE
MCALLEN TX 78504

KB COMMERCIAL PRODUCTS
PO BOX 1935
BILLINGS MT 59103

KEN GRAHAM TRUCKING, INC.
5018 W M-28
BRIMLEY MI 49715

JZ TRANSPORT
11640 VALLE PALOMAR RD
EL PASO TX 79927

KDC TRUCKING
5583 FIELDS DR
YORKVILLE IL 60560

KEN STRONG HAULING
32466 W LINGER LONGER
YOUNGSTOWN FL 32466

KENT LUNDINE DBA HIGH COUNTRY OWNERSHIP
PO BOX 482
MILLS WY 82601

CRANES RIGGING
5323 HIGHWAY 33
SAGINAW MN 55779

L & L LOGISTICS LLC
12801 CLARK CEMETERY RD
MITCHELL IN 47421

KESTREL LOGISTICS GROUP LLC
3810 SEMINOLE PLACE
CARROLLTON TX 75006

KKM TRANSPORT LLC
2425 BRIDGETOWN LOOP
SPARKS NV 89436

LAFAYETTE STEEL ERECTOR LIDS
PO BOX 266
LAFAYETTE LA 70506

KEVIN EUGENE BLACKWELL DBA EAST KENTUCKY
3112 JAMES AVE
WACO TX 76711

TRUCKING
6417 FARMINGDALE DR
CHARLOTTE NC 28215

LAKE SIDE TRANSPORTATION, IN
6300 SIMS DRIVE
STERLING HEIGHTS MI 48313

KEVIN JOHN KUEHL
P.O. BOX 113
BURNETT WI 53922

KNIGHT & DAY TRANSPORT LLC
998 BONELLIS LN
CLARKSVILLE TN 37040

LALL TRANSPORT INC
6106 BRADWOOD DR
INDIANAPOLIS IN 46237

KG TRANSPORTATION LLC
10120 SE 260TH ST SUITE 215
KENT WA 98031

KOKOB TRANSPORT LLC
4601 N FAIRFAX DR
ARLINGTON VA 22203

LALO TRUCKING INC
137 N LARCHMONT BLVD #279
LOS ANGELES CA 90004

KIDA TRUCKING LLC
900 FRANCES WAY #237
RICHARDSON TX 75081

KORA'S TRANSPORT LLC
PO BOX 961
LA GRULLA TX 78548

LAMECH TRANSPORTATION LLC
1730 SW STALLINGS DR
NACOGDOCHES TX 75964

KIISH TRANSPORTATION LLC
2740 MINNEHAHA AVE STE130
MINNEAPOLIS MN 55404

KOSHIN FREIGHT LLC
901 RUPP AVE APT 2
CAMP HILL PA 17011

LANDSTAR RANGER INC
PO BOX 784293
PHILADELPHIA PA 19123

KISERI ENTERPRISE LLC
6478 SILVER RIDGE CIR
ALEXANDRIA VA 22182

KRANAWETTER TRANSPORT LLC
15628 ATATE HIGHWAY 72, STE. 1
PATTON MO 63662

LANE RUNNERS TRUCKING AND
433 PLAZA REAL SUITE 275
BOCA RATON FL 33432

KIV TRANSPORT CO
587 ALICE PL
ELGIN IL 60160

KYSEN TRUCKING LLC
104 BOYD AVE
SHANNON MS 38855

LANHAM TRUCKING LLC
PO BOX 23
MONTICELLO IN 47960

LANITA SPECIALIZED
PO BOX 7747
LANCASTER PA 19544

LAZAR FREIGHT LLC
947 LAGNUA DRIVE
COPELL TX 76043

LEGACY STAR TRANSPORT LLC
PO BOX 454
WILMER TX 75172

LANZA TRANSPORT LLC
1803 SALINAS DR
MISSION TX 78572

LAZY EAR TRUCKING
2657 BARTON RD
GRANTVILLE KS 66429

LEGACY TRANSPORT INC
4754 FLORA DRIVE
EAGEN MN 55122

LARA LOGISTICS L L C
7544 HADNOT ST
LAS VEGAS NV 89107

LCAT & ASSOCIATES LLC
2661 WESTCHESTER PKWY SE
CONYERS GA 30094

LEMEACO IVY
4056 MUIRFIELD DRIVE
MEMPHIS TN 38134

LARRY GRAGG
11196 HWY 92
DELTA IA 52550

LCX LOGISTICS CORP
3312 OLD MEDINA
OAKFIELD TN 38362

LEONARDO BAEZ DBA BAEZ TRL
25 JUNE ST
LINDENHURST NY 11757

LAST CHOICE TRANSPORTATION
5930 GLEN LEE DR
HUMBLE TX 77396

LE & J EXPRESS TRANSPORT LLC
13002 TERRACE RUN LN
HOUSTON TX 77044

LEPES TRANSPORTATION LLC
4015 HAYDEN LANE
PASCO WA 99301

LASTA TRANS INC
769 MADISON STREET UNIT D
CROWN POINT IN 46307

LEADING LOGISTICS INC
6564 LOISDALE COURT SUITE 600-D
SPRINGFIELD VA 22150

LES DISTRIBUTIONS MALBERT I
3311 85E RUE
SAINT GEORGES, QC G6A 0C6

LAVISH TRANSPORT LTD.
344 DAWSON ROAD N
WINNIPEG, MB R2J 0S7

LEE TRANSPORT LLC
9685 WULFF RD S
SEMMES AL 36575

LEVELS TRUCKING LLC
6700 GREENVIEW AVE
DETROIT MI 48122

LAW LOGISTICS LLC
205 CAMP CREEK RD
GREENEVILLE TN 37743

LEGACY LOGISTICS INC
1 LEGACY DRIVE
WEST MEMPHIS AR 72301

LEVI ENTERPRIZE LLC
3325 MAPLE HOLLOW CV
SOUTHAVEN MS 38671

LAWSON TRUCKING LLC
1739 WESTBROOK RD
EDGEMOOR SC 29720

LEGACY LOGISTICS LLC
938 TIMBERLINE CIRCLE
CALERA AL 35234

LEVIATHAN CARRIERS CORPOR
1112 ROUTE 41 STE 205-A
CHICAGO IL 60156

LGND ENTERPRISE LLC
3201 66TH AVENUE
GREELEY CO 80634

LML EXPRESS LLC
4623 TWISTING RD
HOUSTON TX 77042

LONGHORN TRANZ LLC
2901 UNION RD
ST LOUIS MO 63120

LIFT AND LOAD TRANSPORT LLC
520 BRIDGES AVE S
KENT WA 98032

LMZ EXPRESS LLC
113 CENTENNIAL DR
CARNEGIE PA 15106

LORD & KING TRUCKING
3025 NE 25 ST
OCALA FL 34471

LIMITED CARRIERS OF EL PASO, LLC
4320 CAMBRIDGE AVE
EL PASO TX 79901

LODESTAR TRANSPORT SERVICES
PO BOX 388
BARNESVILLE MN 56514

LOUIS MOTTY
107 N HENRY ST
ABBEVILLE LA 70510

LINK US TRANSPORTATION INC
12429 DENHOLM DR
EL MONTE CA 91732

LOGGINS LOGISTICS INC
5706 COMMERCE SQUARE
JONESBORO AR 72401

LS WILLSON TRUCKING
1328 W 10750 SOUTH
SALT LAKE CITY UT 84087

LINKTRANS LLC
96 OUTLAW RD
CAMDEN SC 29020

LOGISTIC DYNAMICS INC
PO BOX 675297
DETROIT MI 14221

LTD TRANSPORT LLC
49 APPLEWOOD LN
TAYLORSVILLE GA 30120

LISA HOLSTEIN
9962 EAST EIGHT MILE ROAD
STOCKTON CA 95212

LOGISTIC SOLUTION SERVICES INC
2300 RIVERSIDE DR UNIT 145
GREEN BAY WI 54301

LUCAS OIL PRODUCTS INC
302 NORTH SHERIDAN STREET
CORONA CA 92878

LITTLE ANGELS WACO LLC
2421 PARK AVE
WACO TX 76706

LOGISTICIZE LTD
861 E PERRY ST
PAULDING OH 45879

LUCETT TRUCKING LLC
6511 WINSLOW PARC LN
TRUSSVILLE AL 35173

LIVINGSTON TRANSPORTATION & LOGISTICS
13905 53RD AVE N APT 8
MINNEAPOLIS MN 55121

LOGISTICIZE LLC
861 E PERRY ST
PAULDING OH 45879

LUCKY 7 GLOBAL INC
4228 RYMARK CT
SHAKOPEE MN 55379

LJ TRANSPORT EXPRESS LLC
204 61ST ST UNIT 2
WEST NEW YORK NJ 07093

LONE OAK TRUCKING LLC
122 W SPECHT RD
SAN ANTONIO TX 78253

LUCKY TRUCKING LLC
6085 WILD BERRY DR
LAS VEGAS NV 89115

LVG TRANSPORT LLC
15057 NORTH 900 EAST
ODON IN 47562

M GRANDE TRANSPORT ENTERPRISES MAINTENANCE DIRECT LOGISTICS
17339 FM 2556
SANTA ROSA TX 78593

1090 VISTA TRAIL NE
ATLANTA GA 30329

LVM EXPRESS COMPANY
4136 CALDER LANE
AURORA IL 60804

M L T INC
1841 GOVER PARKWAY
MT PLEASANT MI 48858

MAISHA LOGISTIC LLC
P O BOX 3486
DUBLIN OH 43229

LYM EXPRESS INC
3042 VITA DOLCE DR
KATY TX 77494

M T W TRANSPORT LLC
228 E OLD HICKORY BLVD
MADISON TN 37210

MAJHA TRANSPORT LLC
7025 VANDERMARK RD E
BONNEY LAKE WA 98391

M & C TRUCKING INC
P O BOX 430
SEWARD PA 15954

M&A EXPRESS TRUCKING LLC
4456 N. ABBE RD. UNIT #310
SHEFFIELD VILLAGE OH 44035

MALLOY TRANSPORT LLC
1006 PINETREE LN
MCCOMB MS 39429

M & J SUPERIOR LLC
8431 WINECUP RIDGE
DALLAS TX 75249

M&J CARRIERS LLC
14218 BUSINESS AVE
LAREDO TX 78045

MANSO GARCIA LLC
531 IMHOFF AVE
PORT ARTHUR TX 77642

M & M TRUCKING INC
264 ST RT 2839
DIXON KY 40219

MA CARRIER LLC
2411 W FRONT ST
STATESVILLE NC 28625

MAQUINTA TRANSPORT LLC
3088 HWY 142
PHILPOT KY 42366

M B E TRANSPORT LLC
603 GREENLAWN BLVD
ROUND ROCK TX 78681

MA TRUCKING
8437 WHITESTONE CT
SEMMES AL 36608

MARK EXPRESS INC
9000 SUNDECK CT SW
ALBUQUERQUE NM 87120

M C TRUCKING LLC
2225 METALWOOD CT
LAS VEGAS NV 89030

MADAIG LLC DBA NOMAD EXPRESS GROUP
280 CATENBURY LANE
APT #1
BOLINGBROOK IL 60440

GRANT TRANSPORTATION SYST
7300 CLYDE PARK SOUTHWEST
BYRON CENTER MI 49315

M D TRANSPORT CO LTD
1683 MT LEHMAN ROAD
ABBOTSFORD, BC V2T 6H6

MAGNUM TRANSHAUL INC
3315 18TH STREET NW
EDMONTON, AB T6J 7E6

MARVIN ADONY VELASQUEZ DBA
205 W 14TH ST
IRVING TX 75061

MATRIX LOGISTICS INC
1375 REMINGTON RD STE U
SCHAUMBURG IL 60173

MB COLBERT TRUCKING, LLC
810 SUNNYBROOK LANE
BAYTOWN TX 77523

MEDALLION TRANSPORT & LOGISTICS
701 EAST GATE DRIVE
SUITE 110
MT LAUREL NJ 08054

MATTHEW NEWTON DBA FLOYD NEWTON TRUCKING INC
1305 MORVEN RD
WADESBORO NC 28170

MCDONALD TRUCKING INC
3847 GOVERNOR HARRISON PKWY
BRODNAX VA 23920

MEDION CORP
16900 LATHROP AVE
HARVEY IL 60426

MATTHEW QUINN
C/O JOHN MORRISON & SCOTT PETERSON
401 N. LAST CHANCE GULCH ST.
HELENA MT 59601

MCDUGLE TRANSPORTATION LIMITED
301 TAYLOR CIR
WAYNESBORO MS 39367

MEDALTRANS GROUP INC
18 WAKE ROBIN CT
WOODRIDGE IL 60446

MAURTE AUTO TRANSPORT LLC
5115 N DYSART RD STE 202
LITCHFIELD PARK AZ 85340

MCSHEER TRUCK'IN LLC
2470 LITTLE ROCK ROAD
ROSE BUD AR 72137

MELISSA HASLAGE TRUCKING INC
2309 E 28TH ST
LORAIN OH 44055

MAVERIK INC
13000 SOUTH TRYON STREET STE
CHARLOTTE NC 28278

MD GLOBAL FREIGHT INC
15545 WEBER ROAD
LOCKPORT IL 60441

MENKE LLC
6260 E TOWER ROAD
LEAVENWORTH IN 47137

MAX POWER TRANSPORT INC
5151 N EAST RIVER RD UNIT 127B
CHICAGO IL 61008

MDS TRUCKING V INC
777 S ROHLWING RD
ADDISON IL 60101

METEOR EXPRESS INC
P O BOX 248
SCOTTSBORO AL 35769

MAXX START CORP.
5524 W BERTEAU AVE APT 2
CHICAGO IL 60641

ME TRANSPORT INC
515 W PARK ST
SHELDON IA 51201

METRO XPRESS
P O BOX 17194
WICHITA KS 67219

MAY S INC
79 WARD DR
ELLENWOOD GA 30294

MEADOW LARK TRANSPORT
2720 HUMMINGBIRD WAY
BILLINGS MT 59105

METROPOLITAN TRANSPORT LLC
85 WINTERS LANE
CATONSVILLE MD 21228

MAYER TRUCK LINE INC
1207 S RIVERSIDE DR
JAMESTOWN ND 58401

MEBRUER & SON TRUCKING, INC.
2481 HWY U
LINN MO 65051

MEXUSA TRUCKING LLC
1907 BUENA VISTA DR SE TRLR65
ALBUQUERQUE NM 87107

MG EXPRESS INC
15347 S US 169 HWY STE A
OLATHE KS 66062

MILLS TRANSPORTATION LLC
411 S CARNAHAN RD
KING HILL ID 83338

MO RYDER TRUCKING LLC
3903 AERIAL BROOK TRAIL
FRESNO TX 77545

MI TRANSPORTATION LLC
1523 FARR DR
DAYTON OH 45414

MIR TRANSPORTATION INC
4646 WUNDER AVENUE
FEASTERVILLE-TREVOSE PA 19805

MOBAL TRUCKING, INC.
12 ASPEN RIDGE COURT
ST PETERS MO 63376

MICHAEL J FRICKE
2310 S ROCK CITY RD
RIDOTT IL 61067

MIRAL TRANSPORTATION INC
9423 GENNA TRACE TRAIL
JACKSONVILLE FL 32218

MOHAWK TRANSPORT LLC
2931 SOUTH CARR ROAD
APPLE CREEK OH 44606

MIDWEST DIRECT TRANSPORT INC
411 64TH AVE
COOPERSVILLE MI 49404

MIT US INC
1212 S NAPER BLVD STE 119-105
NAPERVILLE IL 60563

MONTANA GROUP OF COMPANIL
52 CRANSTON DR
CALEDON, ON L7E 4J8

MIDWEST EXPRESS
2317 RIVER ROAD
ALGONA IA 50511

MJ DANIELS
49 CARDIFF ST
JOHNSTOWN PA 15906

MONTANA-DAKOTA UTILITIES CO
PO BOX 5600
BISMARCK ND 58506-5600

MIDWEST TRANS LLC
19518 WHITFIELD RD
SEDALIA MO 65301

MJ EXPRESS INC
242 10TH AVE
CLEAR LAKE WI 54005

MOON TRANSPORT LLC
1152 EAGER RD
LIVE OAK CA 95953

MIDWEST TRANSPORTATION, LLC
2720 MISSOURI AVE
GRANITE CITY IL 62040

MJS TRANSPORTATION INC
PO BOX 816
DECATUR IN 46733

MOONDOG TRANSPORT LLC
20545 E ROBERT GIRTEN RD
CHELSEA OK 74016

MIER AND SAPS TRANSPORT LLC
11567 MEEHAN SAVOY RD W
ENTERPRISE MS 39330

ML KING INC
720 PLAINFIELD RD
WILLOWBROOK IL 60527

MOOSE TRANSPORT INC
16476 VANE ST
BENNINGTON NE 68034

MILLERS ENTERPRISE
387 NUBBIN RIDGE ROAD
DUNNVILLE KY 42528

MNM TRANSPORT SERVICES LLC
3835 28TH ST SE SUITE 106
GRAND RAPIDS MI 49315

MORALES TRUCKING
306 CR 545
HICO TX 76457

MORELIA EXPRESS INC
25864 W. BLACK RD.
SHOREWOOD IL 60707

MSM FREIGHT SOLUTIONS LLC
11385 AARON AVE
BEAUMONT CA 92320

MVP TRANSPRO LL DBA APT T
443 SOUTH 1850 EAST
SPRINGVILLE UT 84663

MORNINGSTAR TRANSPORTATION LLC
1012 SAINT GREGORY DRIVE
MANSFIELD TX 76013

MSS TRANSPORT INC
200 E AVE B
SALINA KS 67401

MYMUZAFAR LLC
1570 ROSSER AVE
ELMONT NY 11042

MORRISON-MAIERLE SYSTEMS
PO BOX 6147
HELENA MT 59604

MT SELECT LLC
DEPT. #SF 85 PO BOX
BIRMINGHAM AL 35217

N & O TRANSPORT LLC
108 WAVERLY ST APT 1
PROVIDENCE RI 02896

MOUNTAIN ALARM
PO BOX 12487
OGDEN UT 84412-2487

MTC SERVICES INC
301 PATSY AVE
GLEN BURNIE MD 21060

N AND T TRUCKING LLC
32 FOSTER MOUND RD
NATCHEZ MS 39120

MOVIN IRON INC
P O BOX 1308
RED BAY AL 35582

MTC TRANSPORT LLC
435 E MONTGOMERY ST
ALLENTOWN PA 18102

N P LOGISTICS INC
11002 HAMMERLY BLVD APT 173
HOUSTON TX 77024

MOW EXPRESS LLC
420 N 20TH STREET
BIRMINGHAM AL 35209

MULLEN INVESTMENTS II, LLC
C/O RACINE OLSON
P.O. BOX 1391
POCATELLO ID 83204

N-MOTION LLC
3743 HIGHWAY 86
PICKENSVILLE AL 35447

MR ADVANCE
35-12 19TH AVE SUITE 3W
ASTORIA NY 11105

MURPHYS AND MURPHYS ENTERPRISES INC
12408 S GARNETT RD
BUCKEYE AZ 86320

NEONYX TRANSPORT LLC
23749 N HILLFARM RD
LAKE BARRINGTON IL 60018

MRBULLY HOTSHOT LLC
14654 E 13TH CIR
AURORA CO 80011

MV LOGISTICS LLC
1399 NEW KIMMINS RD
HOHENWALD TN 38462

NAPORA INC
220 S MAINS ST, STE 205
LOMBARD IL 60148

MRD LOGISTICS LLC
4809 PRAIRIE CREEK TRL
FORT WORTH TX 76052

MVA TRUCKING INC
2007 N JAMESTOWN DR
PALATINE IL 60074

NATHANIEL HOUSTON TRUCKING
10019 LOCH COURTNEY LN
HOUSTON TX 77089

NATION LINK TRANSPORT INC
PO BOX 18681
MINNEAPOLIS MN 55418

NEW REALM ENTERPRISES LLC
P.O. BOX 152338
ARLINGTON TX 75254

NOLA TRUCKING INC
1209 W 16TH ST S UNIT 306
NEWTON IA 50208

NATIONAL FREIGHT SOLUTION INC
9730 EASTON RD
KINTNERSVILLE PA 19090

NEW WAY EXPRESS INC
309 E RAND RD SUITE 178
ARLINGTON HEIGHTS IL 60120

NOMAD EXPRESS TRUCKING
136 ALPINE STREET
GEORGETOWN TX 78628

NATIONAL TRANSPORT LINE LLC
9730 EASTON RD
KINTNERSVILLE PA 18020

NFUSION CAPITAL
511 WILLOW ST
ELK CITY OK 73644

NORCO SPECIALIZED LLC
1085 JARVIS RD
SAGINAW TX 76179

NATIONWIDE TRANSPORTATION INC
3121 SENNA ST
TIPP CITY OH 45371

NGUYEN LOGISTICS INC
8326 SOLEDAD DR
HOUSTON TX 77083

NORSEMEN SPECIALIZED DIVISI
106 EAST MAIN STREET
LAKE MILLS IA 50450

NAVEMAR LOGISTICS LLC
P.O BOX 610
ELK GROVE CA 95758

NHH SERVICES INC
1210 NORTHBROOK DR
SUITE 420
TREVSE PA 19053

NORTH DEER LLC
15140 S DELTA LN
PINE CO 80421

NEIGHBORHOOD TRUCKING LLC
11346 SWEETLEAF DR
INDIANAPOLIS IN 46240

NIGHT DREAM INC
20444 SPIREA LN
CREST HILL IL 60544

NORTH LIBERTY TRANSPORTAT
1350 KENNEL CT
UNIT C1
N LIBERTY IA 52317

NELSON FREIGHT SERVICE INC
901 PINE STREET
PESHTIGO WI 54157

NITRO EXPRESS LLC
29106 CLEARPOND RD
MCLOUD OK 74851

NORTHWESTERN ENERGY
11 E PARK ST
BUTTE MT 59701

NEVIUS TRANSPORTATION LLC
1785 COUNTY ROAD 207
CARTHAGE TX 75633

NOBLE FREIGHT LLC
13505 CITICARDS WAY UNIT 3215
JACKSONVILLE FL 32218

NORTON TRUCKING INC
1327 STANFORD DR
KANKAKEE IL 60901

NEW JERSEY DEPT OF LABOR & WORK
PO BOX 929
TRENTON NJ 08646-0929

NORBERT TRUCKING LLC
3347 W END AVE
FSTRVL TRVOSE PA 17044

NOS LOGIX LLC
4 TIMBERWOOD PL
SOUTH SALEM NY 10590

NOVA 4 INC
34396 N EASTINGS WAY
GURNEE IL 60031

O&SONS TRUCKING LLC
2850 S BELT LINE RD TRLR 241
DALLAS TX 75220

OLSEN TRANSPORT INC
W11270 STATE HWY 64
POUND WI 54161

NOVAK TRUCKING SERVICE LLC
P O BOX 67
LAONA WI 54541

O'NEIL 5 STAR LLC
N 5070 COUNTY ROAD C
ELLSWORTH WI 54011

OLYMPIC TRANSFER CORP
6355 NW 36 ST SUITE 405
MIAMI FL 33166

NTX ROADRUNNER TRANSPORTATION
PO BOX 322
DIANA TX 75640

OCEAN HAULING EXPRESS INC
6026 S MOZART ST
CHICAGO IL 60638

ON MY WAY EXPRESS INC
12020 DOGWOOD AVE
FREDERICKSBURG VA 22407

NU-KO CAPITAL
1041 CHULA VISTA DR
EAGLE PASS TX 78852

OEG EXPRESS INC
6126 COBBLESTONE CT
GULF SHORES AL 36561

ON THE ROCK LOGISTICS INC
5910 SAN BERNARDO AVE APT 1
LAREDO TX 78045

NUWAY TRANSPORTATION SERVICES, INC
2 ACCESS WAY
BLOOMINGTON IL 61705

ONCO EXPEDITED LLC
985 CYPRESS RIDGE PL
COLUMBUS OH 43228

ONE TIME LOGISTICS LLC
20143 105TH AVE SE
KENT WA 98032

NW ELITE TRANSPORT LLC
2555 S DIXIE DR, SUITE 218
DAYTON OH 45409

OHIO TRANSPORT CORPORATION
5593 HAMILTON-MIDDLETOWN ROAD
MIDDLETOWN OH 45044

ONTIME TRUCKING LLC
1529 27TH AVE S
FARGO ND 58102

O & I TRANSPORT INC
PO BOX 807
DEARBORN MI 48126

OILFIELD ELITE LLC
27222 FULSHEAR BEND DR APT 3219
FULSHEAR TX 77441

ONTRACK EXPRESS LLC
3166 CLARENCE ST
MELVINDALE MI 48217

O & R TRUCKING LLC
2225 E 113TH AVE
TAMPA FL 33610

OJK SERVICES LLC
511 WILLOW ST
ELK CITY OK 73644

OTAMAN TRANS GROUP INC
3076 WICKENDEN AVE
ELGIN IL 60120

O & S TRANSPORTATION LLC
2011 BACHELOR RD
MOORESBORO NC 28152

OLD SOUTH FREIGHT SERVICE IN
7544 HWY 41 A
CEDAR HILL TN 37032

OVERLAND TRANSPORT LLC
1845 E RIDGEWAY AVE
WATERLOO IA 50703

OZARK LOGISTIC CORPORATION
60 S HWY 17
SUMMERSVILLE MO 65571

PATRIOT STAR LLC DBA PATRIOT STAR
1676 E SEMORAN BLVD STE 5
APOPKA FL 32703

REGASUS GLOBAL LOGISTICS INC
110 W 6TH ST UNIT 861
AZUSA CA 75019

P ANDREW TRUCKING INC
1708 PAPOOSE RD
CARPENTERSVLE IL 62014

PAUL EXPRESS, INC.
P.O. BOX 40010
BAKERSFIELD CA 93313

PELAKI LLC
3214 BRIARGROVE LN
SAN ANGELO TX 76903

P&B TRUCKING INC.
7508 MISTY LAKE LN
PEARLAND TX 77032

PAULS PRIORITY TRUCKS INC.
1685 GREENFIELD LOOP
EMMETT ID 83617

PEOPLESYSTEMS
PO BOX 4816
SYRACUSE NY 13221-4816

PABLOS TRUCKING
681 E FRONT ST
FARMERSVILLE CA 93223

PAVEX LLC
90 ROSS RD
CEDARVILLE WA 98568

PERMANENT INK LLC
900 WENDELL COURT SW
ATLANTA GA 30336

PACKARD TRANSPORT LLC
P O BOX 62891
BALTIMORE MD 21221

PAVUK LAW PLLC
1555 CAMPUS WAY, SUITE 202E
BILLINGS MT 59102

PETERS TRUCKING LLC
832 GOZA ROAD
FAYETVILLE GA 30215

PAK FAIR LOGISTICS
2006 WHIRLAWAY DR
STAFFORD TX 77477

PB FREIGHTWAYS INC
106 ALLERTON DR
SCHAUMBURG IL 60007

PG UNITED LLC
9137 LEAH MEADOW LN
CHARLOTTE NC 28208

PANTHER TRANS INC
1430 SANDSTONE DR APT 318
WHEELING IL 60074

PB03 TRANSPORT LTD
7 FREELAND HOLLOW
BRAMPTON, ON L6Y 0R6

PGP TRUCKING LLC
199 METCALF ROAD
MANSFIELD LA 71052

PARADIGM TRUCKING LLC
4363 SOUTH 89TH STREET
OMAHA NE 68118

PEACE EXPRESS INC
113 MCHENRY ROAD #278
BUFFALE GROVE IL 60090

PHILIP C NAWROCKI TRUCKINGLL
7245 CATALPA AVE
HIGHLAND CA 92346

PARTNERS FUNDING INC
4015 HAYDEN LANE
PASCO WA 99301

PEACOCK CLEANING
2115 GRAND AVE
BILLINGS MT 59102

PINEDO JACKSON TRUCKING LL
23 NEELY RUN
NEWNAN GA 30288

PINEWOOD TRANSPORT LTD
1651 REFUGEE RD
COLUMBUS OH 43207

PREMIER ONE ENTERPRISES
3110 287TH ST
CRAWFORDSVILLE IA 52353

PROLOAD TRANSPORT LLC
935 E 3000 N TRLR 14
LAYTON UT 84040

PIQUA TRANSFER & STORAGE
9782 LOONEY ROAD
PIQUA OH 45356

PRESTIGIOUS LLC
89 GEORGIA AVENUE
WRIGHTSVILLE GA 31096

PUNTNEY TRUCKING LLC
117 S PARKWAY
COLUMBUS NE 68601

PITNEY BOWES LEASE AGREEMENT
3001 SUMMER ST.
STAMFORD CT 06905

PRIDE TRANS
9318 PILGRIM HEIGHTS DR
BAKERSFIELD CA 93313

QUALITY EXPRESS CORP
6051 E FRAZIER DR
POST FALLS ID 83854

PITTMAN TRANSFER INC
893 OLD JONAS RIDGE RD
NEWLAND NC 28657

PRIME TRUCKING INC
8332 OAK PARK AVE
BURBANK IL 60455

QUALITY LOGISTICS LLC
118 CLEAR MEADOWS DR
BALLWIN MO 77498

PLATINUM SERVICES INC
1733 N EMERALD BAY, UNIT 6
PALATINE IL 60067

PRO INTERSTATE TRUCKING INC
2724 COLLINS CRES SW
EDMONTON, AB T6W 3X4

QUALITY REFRIGERATED TRANS
29 E PALATINE ROAD
ELK GROVE VILLAGE IL 60070

POINTDIRECT TRANSPORT, INC.
19083 MERMACK AVE
LAKE ELSINORE CA 92337

PRO STAR LOGISTIC INC
22328 88TH AVE H104
KENT WA 98031

QUALITY TRANSPORT LLC
4300 STONEMEADOW CT
LOUISVILLE KY 40220

PORTER HAULING
PO BOX 128
MERIDAIN ID 83646

PRO TRUCKING INC
77917 209TH STREET
ALBERT LEA MN 56007

QUEENSWAY TRUCK LINES LLC
1630 MAIN ST
BLAKELY PA 18508

POWELL TRANSPORTATION CO INC
2348 US HWY 98 EAST
COLUMBIA MS 39429

PROGENY CLAIM SERVICE
14540 MAXWELL COURT
NAPLES FL 34109

QUICK TRANSPORT LLC
1900 TOWER DRIVE
KAUKAUNA WI 54130

PRECISION TRANSPORTATION LLC
9420 N MERIDIAN AVE
FRESNO CA 93720

PROLEAD TRANSPORT INC
241 S FRONTAGE RD STE 39
BURR RIDGE IL 60527

QUICK TRUCKING LLC
2306 JULIA LN
FORNEY TX 75126

QUILES TRANSPORT LLC
355 CENTURA DR
ORANGE PARK FL 32703

RAIDER LOGISTICS
80 EASTERN AVE, UNIT 7
CALEDON EAST, ON L7C 2X6

RCS TRANSPORT, LLC
PO BOX 901, 208 PROVIDENCE L
PETERSBURG WV 26847

R & H TRANSPORT SERVICE LLC
8259 MARWITHE CT
NEW ALBANY OH 43054

RAINEY BROS. INC
3021 PIONEER RD
HOMEDALE ID 83660

RD TRUCKING SERVICES LLC
291 N 300 W
MALAD CITY ID 83252

R & J FREIGHT LLC
8787 WOODWAY DR#6201
HOUSTON TX 77055

RALPH SMITH COMPANY
2471 S. 150 W.
BOUNTIFUL UT 84087

RDJ TRUCKING
129 S OAK ACRE DR
MARTINTON IL 60436

R D L TRUCKING
1850 N 202ND AVE
BUCKEYE AZ 85326

RAM TRUCKING GROUP, LLC
620 N CHURCH ST UNIT 1901
CHARLOTTE NC 28273

RECOMMERCE GROUP INC
2110 FIFTH AVENUE
RONKONKOMA NY 10035

R G M TRANSPORTATION LLC
PO BOX 1302
BETHEL PA 19507

RANDY SMITH
2310 73RD AVE SE
BUCHANAN ND 58420

RED LION TRUCKING LLC
8235 STRATFORD CANYON DR
CYPRESS TX 77433

R MANN TRUCKING LTD
2770 VICTORIA ST
ABBOTSFORD, BC V4X 2M2

RAPID RESPONSE INC
155 ENTERPRISE DRIVE
WENTZVILLE MO 63385

RED SEA TRUCKING LLC
16706 VILLAGE VIEW TRAIL
SUGARLAND TX 77479

R MOODY TRUCKING L.L.C.
166 MACON PRICE RD
GARYSBURG NC 27831

RAPID RIVER LOGISTICS LLC
10820 US HWY 41
RAPID RIVER MI 49878

REDLINE CARRIERS LLC
4708 POPLAR DR
FORT WORTH TX 76063

R MOVERS LLC
3006 MOELLING LANE
WOODWARD OK 73801

RAPK INVESTMENTS LLC
4917 BRIDGEWATER DR
ARLINGTON TX 76010

REES LOGISTICS CO LLC
PO BOX 759
LICKING MO 65542

R6 TRUCKING INC
6516 S KEATING
CHICAGO IL 60544

RC BONILLA TRUCKING LLC
2004 MISSISSIPPI ST
BAYTOWN TX 77523

REIGN TRUCKING & LOGISTICSLL
112 MILL CREEK RD
VANCE SC 29163

REINERT HAY COMPANY LLC
PO BOX 16
DAWN TX 79045

RHZ TRUCKING
260 VALLEY VIEW AVE
LAS CRUCES NM 88005

RJ FREIGHT INC
2840 AUDREYS WAY
EAST LANSING MI 48075

REINSFELDER INC
108 PLUNKETT DR
ZELIENOPLE PA 16063

RICHARD ALLEN MUMPOWER DBA MUMPOWER TRUCKING INC
10576 FISH AND GAME RD
WAYNESBORO PA 17268

RIP ROAD CARRIAGE INC
1689 ROCKPORT ST
WINDSOR, ON N9A 4C4

RENOVO DATA
6 W DRUID HILLS DR, NE
BROOKHAVEN GA 30329

RICHARD LYNN TRUCKING, INC
7944 SW 5TH ST
NORTH LAUDERDALE FL 92508

RK LOGISTICS LLC
102 WORTYLKO STREET
CARTERET NJ 07090

RENTERIA LOGISTICS LLC
12636 PANORAMA DR
BURLESON TX 76028

RICHARD ROBERT ZAPOLI
342 ELKINS LK
HUNTSVILLE TX 77320

RKG LOGISTICS LLC
1820 HILL DR
PALMVIEW TX 78572

RETIRED DUDE ENTERPRISES LLC
131 LEGEND LN
KERRVILLE TX 78028

RICHLAND FREIGHTLINES INC
1506 VANDELAY CT
CERES CA 95351

RLS HUTT TRANSPORTATION LL
2185 MAIN RD
NEWFIELD NJ 08344

RETZKO LONG LTD
4722 N CLAY ST
DENVER CO 80216

RIGHT-A-WAY TRANSPORTS AND LOGISTICS TRUCKING INC
706 REMINGTON WALK CT
HOUSTON TX 77055

1409 E OLIVE CT SUITE B # 1
FORT COLLINS CO 80524

REV CAPITAL
1098 S TAMARACK DR APT 505
MT PROSPECT IL 60056

RITCH TRUCKING INC
522 HIGH FALLS PARK ROAD
BARNESVILLE GA 30204

ROAD LINK EXPRESS INC
13743 ABERDEEN STREET NE ST
HAM LAKE MN 55304

REY DE REYES TRUCKING LLC
7913 CHAPA RD
MERCEDDES TX 78586

RITTER TRANSPORT, LLC
5030 MARCYS WAY
TALLAHASSEE FL 32308

ROADMAZE TRANSPORT LLC
224 DEER TRACKS CIR
BIG COVE AL 35763

RG TRANSPORT LLC
671 NEX AVE APT 221
IOWA CITY IA 52245

RIVERBEND TRUCKING LLC
9018 72ND AVE
HUDSONVILLE MI 49315

ROADRUNNER STEEL INC
5175 W MISSOURI AVE
LAS VEGAS NV 89101

ROADWAY TRANSPORT LLC
37 UPLAND COURT NE
LUDOWICI GA 31316

ROLLIN TRANSPORT LLC
PO BOX 7
RICHFIELD WI 53076

RSS RECOVERY SOLUTIONS SELL
C/O THE FUENTES FIRM
5507 LOUETTA RD STE A
SPRING TX 77379

ROALRO LOGISTIC LLC
15443 CIELO AZUL LN
CHANNELVIEW TX 77530

ROMEKA TRANSPORT INC
2900 GREEN ASH COURT
CONROE TX 77301

RUBY JUNE TRANSPORT LLC
265 STRECKER DR
TALLMADGE OH 43569

ROBERT D XPRESSWAY LLC
1008 ESTATES DRIVE
KENNEDEALE TX 75050

RORA FREIGHT LLC
9010 MARKVILLE DR #421
DALLAS TX 75043

RUSSELL FREIGHT SYSTEMS, L
2626 COLE AVE
DALLAS TX 75204

ROBERT F METTES
PO BOX 2170
RED LODGE MT 59068

ROSE CANYON LLC
3360 BIG FLAT RD TRLR 4
MISSOULA MT 59804

RXR TRANSPORTATION INC
2050 ACACIA AVE
SUTTER CA 95993

ROBERTO SUAREZ
5505 RIO DRIVE
MISSION TX 78572

ROYAL FREIGHT LLC
175 SWEETGUM LN
SPRINGBORO OH 45417

RYDER TRUCK RENTAL INC.
P.O. BOX 96723
CHICAGO IL 60693-6723

ROCK UNIVERSAL TRUCKING LLC
18511 WINDY STONE DR
HOUSTON TX 77060

ROYAL PEAK INC
947 OAK RIDGE BLVD
ELGIN IL 60123

S & L TRUCKING LLC
748 SCOTT STREET
SENATOBIA MS 38668

ROCKDALE TRANSPORT SERVICES, INC
P.O. BOX480
CAIRO GA 39828

ROYAL REGAL INC
205 W. GRAND AVENUE
BENSENVILLE IL 60106

S&D DELIVERIES LLC
7083 FRINGE FLOWER DR
AUSTELL GA 30168

ROCKHEAD INC DBA ROCKHEAD LOGISTICS
3985 BEN HUR AVE
WILLOUGHBY OH 44094

ROYAL TRANSPORTATION
73 BUCK RD
HUNTINGDON VALLEY PA 19006

S&S TRANSPORTS LLC
1400 88TH AVENUE CT
GREELEY CO 80631

ROD CLARKE TRUCKING, LLC
P. O. BOX 68
VICTOR MT 59875

RS ENTERPRISES LLC
8800 N 220 ROAD
BEGGS OK 73541

SADONJA ENTERPRISE LLC
19 BERGEN AVE
JERSEY CITY NJ 07306

SAFE & SOUND LOGISTICS LLC
8630 BROOKVILLE RD
INDIANAPOLIS IN 46225

SANMAR CORPORATIONS
PO BOX 34060
SEATTLE WA 98124-1060

SDM LOGISTIC & TRUCKING CO
6507 OCEAN DR
MARGATE FL 33172

SAFE LOGISTICS LLC
12660 BURT RD SUITE B
DETROIT MI 48223

SAR CONTRACTING LLC
1120 W WALNUT ST
PO BOX 33
SUMMITVILLE IN 46070

SEEGER'S TRUCK LINES INC
P O BOX 392
DENVER IA 50622

SAFESTAR TRUCKING LLC
9474 PALO ALTO ST
RCH CUCAMONGA CA 91730

SASD TRANSPORTATION LLC
139 MANTLEBROOK DR
DESOTO TX 75115

SEEKER LOGISTICS LLC
1919 TAYLOR ST STE F # 1402
HOUSTON TX 77049

SAFETY CARE INC
1288 SEBRING CIR
ELGIN IL 60120

SAYER DELIVERY SERVICE INC
P O BOX 680808
PRATTVILLE AL 36067

SELAM14 TRUCKING LLC
9737 AMBERTON PKWY APT 103
DALLAS TX 75235

SAGAT TRANSPORTATION LLC
14904 SIMMONS GROVE DR
HAYMARKET VA 22427

SCHMITS TRUCKING LLC
581 NARROWS RD
NEW BLOOMFIELD PA 17536

SERVICE TRUCKING CO., INC.
PO BOX 4033
LYNCHBURG VA 24502

SAILY EXPRESS LLC
3601 SAN CARLOS AVE
LAS VEGAS NV 89115

SCHWARZ LOGISTICS CORP
1738 IRISH INIDAN TRAIL
JOLIET IL 60436

SHAKE & BAKE TRANSPORTATION
1472 WILDERNESS WAY
CLARKSVILLE TN 37042

SAM LLC
549 TYRONE RD
TYRONE GA 30290

SCOTT SIMMONS TRANSPORT LLC
36830 SAND HILL RD
LONG BOTTOM OH 44870

SHALOM TRANS LLC
297 SHILOH CROSSING DR
AVON IN 46123

SAMAN TRANSPORT LLC
8719 CHAPADA HIGHLANDS DR
CYPRESS TX 77063

SD HOWARD ENTERPRISES LLC
100 JAMES LIN CIR
KYLE TX 78640

SHANNON MICHELLE SPECK
2977 ROBERTS MOUNTAIN RD
MYRTLE CREEK OR 97457

SANKER AUTOMOTIVE LLC
3512 BLUEBUSH RD
MONROE MI 48162

SDL CARRIERS INC
3001 GEORGE MARTIN DR
LAREDO TX 78045

SHARK EXPRESS LLC
6768 CYPRESS DR
NORTH OLMSTED OH 44149

SHEER TRANSPORT LLC
129 BIRCH HOLLOW RD
MORGANTOWN WV 26508

SILVERLINE MOBILE CONCRETE, L.L.C.
701 14TH AVE S
DENISON IA 51442

SKY DREAM INC
5029 BAYLEAF DR
STERLING HTS MI 48310

SHIVDEV TRUCKING LTD
3021 14A AVE NW
EDMONTON, AB T6T 0Z2

SIMF TRANS INCORPORATED
232 HIGHLAND RD
WILLOWBROOK IL 60527

SKY SERVICES INC
PO BOX 432
BRUSH PRAIRIE WA 98662

SHL LOGISTICS LLC
664 THE HEIGHTS LN
CALERA AL 35040

SIMON LACHANCE TRUCKING LLC
1311 PINECREST STREET
OLLA LA 71465

SKYLINE ENTERTAINMENT LLC
2036 LAKESHORE BLVD S
SLIDELL LA 70458

SHOOTEM UP TRANSPORTATION LLC
60 KEVIN CIR
ODESSA TX 79761

SJOQUIST HAY & STRAW INC
11780 COUNTY 1 BLVD
GOODHUE MN 55027

SKYWAY EXPRESS LLC
4616 THISTLE CREEK CT
FORT WORTH TX 76179

SHORT RUN LLC
6702 MCINTOSH RD
OXFORD AL 36203

SIJW TRUCKING AND DELIVERIES LLC
320 THORNTON RD STE 109
LITHIA SPRING GA 30122

SLICKONE TRUCKING INC.
4601 W MARTIN LUTHER KING J
BLVD 273
LOS ANGELES CA 90016

SIGHTS TRUCKING LLC
5933 CATES AVE
SAINT LOUIS MO 62040

SKOGQUIST COMPANIES INC
14201 XENON ST NW UNIT 15
RAMSEY MN 55303

SLONE TRUCKING LLC
1655 FRIENDSHIP RD
GREENVILLE KY 42345

SILVA EXPRESS TRANSPORT LLC
1189 DYGERT CT
CLARKSVILLE TN 37042

SKS LOGISTICS LLC
PO BOX 3962
BAY ST. LOUIS MS 39420

SMALL'S ELITE TRANSPORTATION
6481 S MILLBROOK WAY
AURORA CO 80012

SILVER EAGLE TRANSPORTATION
PO BOX 518
SCOTTSBORO AL 35769

SKS TRANSPORTATION LLC
1335 MYSTIC RIVER LN
ROSENBERG TX 77471

SMALSAR ENTERPRISES INC
67 CITYSCAPE GROVE NE
CALGARY, AB T2E 7T8

SILVER EXPRESS AZ LLC
4537 CROFTSHIRE DR
DAYTON OH 45440

SKY BLUE TRUCKING INC
5817 E BROADWAY AVE
TAMPA FL 33619

SMART TRANS LOGISTICS INC
6111 KNOLLWOOD RD APT 103
WILLOWBROOK IL 60181

SME LOGISTICS LLC
5801 W WELLS PARK RD
WEST JORDAN UT 84081

SNOWLINE TRANSPORTATION, LLC
PO BOX 17050
MISSOULA MT 59808

SOTO BOYS EXPRESS LLC
711 N ALA MOANA ST
ALTON TX 78573

SMITH BROTHERS TRUCKING, INC.
PO BOX 848
BARDSTOWN KY 40004

SOBIK TRANSPORTATION INC
1975 CONGROVE DR
AURORA IL 60532

SOUTH PARK MOTOR LINES DE
9850 HAVANA STREET
HENDERSON CO 80640

SMITH WAY TRUCKING LLC
14100 WILL CLAYTON PKWY APT 5301
CONROE TX 77304

SOCAL AMS BROS INC
2705 WARDLOW AVE
SAN DIEGO CA 92105

SOUTHERN CHRISTIAN TRANSP
498 WHISTLING RUFUS ROAD
PEMBROKE NC 28372

SMOKEY POINT DISTRIBUTING
PO BOX 677311
DALLAS TX 98223

SOHA TRANSPORT LLC
386 SOUTH STREET
NEWARK NJ 07105

SOUTHERN SPECIALTY FREIGHT
572 HIGHWAY 70
PEGRAM TN 37143

SMOOTH TRUCKING LLC
PO BOX 188
LOGAN IA 51546

SOLE TRUCKING LLC
13307 NORTHSRING BEND LANE
CYPRESS TX 77429

SOUTHLAND TRANSPORTATION C
112 RIVER ROAD
BOONVILLE NC 27011

SMOTHERS TRUCKING LLC
845 E LIBERTY ST
MILL SHOALS IL 62862

SOLID TRANS CORP
13552 SW 64TH LN
MIAMI FL 33183

SPARK PRIME LOGISTICS INC
13717 S ROUTE 30 STE 155
PLAINFIELD IL 60544

SMS TRANSPORTATION AND LOGIS
1295 SOUTH BROWN SCHOOL RD
VANDALIA OH 45377

SOLUCION SERVICES USA LLC
3215 WESTPHALL CT
DULUTH GA 30096

SPECTRUM
400 WASHINGTON BLVD
STAMFORD CT 06902

SNM LOGISTICS LLC
101 BATEMAN ROAD
OAKDALE PA 15071

SOS TRUCKING LLC
2063 STONE RIDGE DR
TWIN FALLS ID 83301

SPEEDY BROTHERS TRANSPORLL
5016S S 15000E RD
PEMBROKE TWP IL 60958

SNOW & SNOW TRANSPORTATION LLC
6412 BRANDON AVE #159
SPRINGFIELD VA 20166

SOSA'S HAULING INC
817 SOUTH CALHOUN ST
AURORA IL 60505

SPREEN & SONS TRUCKING LL
8953 WILLIAMS RD
WILLIAMS IN 47470

SPRINGBROOK EXPRESS LLC
140 W PINE ST
NEW AUBURN WI 54757

STEELCASE FINANCIAL SERVICES INC.
901 44TH STREET S E
GRAND RAPIDS MI 49508

STINGRAY TRANSPORT LLC
361 COURTLEY CIRCLE
ROCHESTER NY 14615

SSP TRUCK LINE INC
11 FOOT CRES
CAMBRIDGE, ON L9T 5E5

STEELWORKS EXPRESS LLC
3900 WYOMING ST
DEARBORN MI 48126

STOVERS TRUCKING
170 CHERRY RUN RD
HOWARD PA 15825

ST MARTIN AND SONS TRUCKING INC
300 W BAYVIEW AVE
PLEASANTVILLE NJ 08232

STELLA EXPRESS
600 NAPLES CT #304
GLENVIEW IL 60025

STRATO PAY LLC

STAHl LOAD CARE INC
1012 SOMMERSET COURT UNIT C
ELGIN IL 60156

STEP N OUT INC
4382 BITTER CREEK ROAD
AFTON WY 83110

STROMME TRANSPORT LLC
49600 455TH AVE
PERHAM MN 55379

STALLION LOGISTICS LLC
6255 HICKORY RIDGE CT
YPSILANTI MI 48174

STEPHEN DALE SPLAWN DBA ASAP
202 SHADYBROOK LN
ATLANTA TX 75551

STUBBINS LYLTRANS LLC
151 WINFIELD DR
NEW BRITAIN CT 06037

STAR 32 INC
PO BOX 831
MADHILL OK 73446

STEPHEN POLLOCK TRANSPORT LLC
3371 HART RD
VALDOSTA GA 31601

SUGAR HOLLOW WATER SERVICE
21 SUGAR HOLLOW ROAD
TUNKHANNOCK PA 18657

STAR CARRIERS INC
1251 PLUM GROVE ROAD #130B
SCHAUMBURG IL 60067

STEPHENS CARRIERS INC
PO BOX 220
HENDERSONVILLE TN 37075

SUN LAND STAR
3406 COUNTRY CLUB DR W #274
IRVING TX 75038

STARLIGHT EXPRESS LLC
C/O RECOVERY OF JUDGMENT
1407 BROADWAY 29TH FLOOR
NEW YORK NY 10018

STERLING TRANSPORT TRUCKING LLC
618 GREYFORD DR
LAFAYETTE LA 70503

SVANI TRANSPORTATION INCOR
1541 74TH ST 2FL
BROOKLYN NY 11228

STATELINE TRANSPORT LLC
1709 BRYANT ST
MIDLAND TX 79701

STEVENS TRUCKING COMPANY
PO BOX 19608
OKLAHOMA CITY OK 73036

SVB EXPRESS INC.
7625 SUNRISE BLVD #212
CITRUS HEIGHTS CA 95610

SW AMERICA LLC
22948 E DESERT SPOON DR
QUEEN CREEK AZ 85043

TBG COMPANYYS LLC
5205 HIGHWAY 25
MOUNTAIN IRON MN 55768

THE AI FLEET INC DBA AIFLEET
200 E 6TH STREET
AUSTIN TX 78701

SWIFT FALCON TRANSPORTATION COMPANY LLC
4229 TOLLCROSS LN
FORT WORTH TX 76123

TEAMPOWER LLC
5547 CASA BATILLO DR
KATY TX 77493

THE GOLDEN DOLPHIN TRUCKING
8149 AIRCENTER CT # 2205
ORLANDO FL 32809

SWINGIN' C LLC
249 N BK 700 RD
STIGLER OK 74462

TEPOKATZ FLATBED LLC
PO BOX 94565
CLEVELAND OH 44101

THE KAPLAN TRUCKING COMPA
PO BOX 92618
CLEVELAND OH 44125

T AND A FAMILY TRUCKING LLC
869 SALEM AVE
ELYRIA OH 44035

TERRY CAMPBELL
87 ED BROWN ST
FOLKSTON GA 31537

THIMOTHEES IN AN OUT LOGISDL
1242 HUEY RD
DOUGLASVILLE GA 30134

T AND C RELIABLE TRANSPORT INC
19503 SWAN VALLEY DRIVE
CYPRESS TX 77484

TERRY LANDRUM
450 ROME ROAD
LANCING TN 37770

THIRD GENERATION TRANSPOR
5998 S 800 W
PLEASANT LAKE IN 46747

T M BROWN TRUCKING INC
P O BOX 673
HOUSTON MS 38851

TESLA TRANSPORT
3924 W DEVON AVE STE 200H
LINCOLNWOOD IL 60712

THREE CHIMNEY EXPRESS
S2962 THREE CHIMNEY RD
VIROQUA WI 54665

TADD LLC
W 225 S 9135 MT CARMEL RD
BIG BEND WI 53103

TEXAS TRANSPORTATIONS
11907 CARRIGE RIDGE
HOUSTON TX 77032

THREE TOWERS LOGISTICS LLC
1321 RIVERVIEW LN
SEAGOVILLE TX 75159

TAG TRANS INC
7701 S GRANT ST SUITE D
BURR RIDGE IL 60527

TEXSHED TRANSPORT LLC
5711 COUNTY ROAD 37
SELMA AL 36703

THTS TRANSPORT LLC
4631 W WALTANN LANE
GLENDALE AZ 85027

TAIMEN TRUCKLINES LLC
1209 POINTE CENTRE DR STE 205
CHATTANOOGA TN 37421

TG LOGISTICS LLC
2 ROSEMARY CT
LOS LUNAS NM 87031

TIGER TRANSPORT LLC
1024 RIVER DRIVE
RIVER FALLS WI 54701

TIM PERLEBERG TRUCKING INC
317 NORTH 13TH STREET
NEW ROCKFORD ND 58458

TOTAL HAULING, LLC
2101 UNION MILL RD.
NICHOLASVILLE KY 40356

TRANSPORT LOGIC LLC
PO BOX 271
CASSVILLE MO 65625

TIM RYAN TRUCKING LLC
9815 E PARIS AVE SE
CALEDONIA MI 49316

TOW MAYHALL LLC
108 W BK 900 RD
STIGLER OK 74462

TRANSPORT MAFIA LLC
8048 E OLD STATE ROAD 144
MOORESVILLE IN 47564

TIMBER PRODUCTS OF IRON MOUNTAIN TRUCKING LLC
PO BOX 1032
IRON MOUNTAIN MI 49801

TIP TRUCKING LLC
P O BOX 840402
LOS ANGELES CA 90084

TRANSPORTATON ALLIANCE BAN
4185 HARRISON BLVD
OGDEN UT 84403

TIMDERIOUS RUBIN DBA RUBIN TRANSPORTATION LLC
405 GLENMORE CT
LA VERGNE TN 37207

TIP TRUCKING LLC
6119A GREENVILLE AVE #306
DALLAS TX 75243

TRANSPORTERS CHOICE LLP
5198 ROADRUNNER AVE
FIRESTONE CO 80131

TIMELINE TRANSPORTATION INC
3555 N NEVA AVE
CHICAGO IL 60010

TRAMCOR CORPORATION
908 N 2000 WEST
FARR WEST UT 84404

TRANSWEST EXPRESS INC
5406 CROSSINGS DR
ROCKLIN CA 95677

TKD TRUCK COMPANY
PO BOX 2793
BIG BEAR CITY CA 92314

TRANHAUL TRANSPORT LTD
16523 132 STREET NW
EDMONTON, AB T6V 0J5

TRANSWORTH LEASING LLC
7413 WHITESVILLE RD SUITE 100
FORTSON GA 31808

TKZ TRANSPORT LLC
117 E LOUISA ST #161
SEATTLE WA 98108

TRANS GLOBAL EXPRESS INC
1536 ORCHARD CIR
NAPERVILLE IL 60563

TRAVIS ROSE TRUCKING LLC
310 E 2ND ST
REYNOLDS IN 47980

TONY GILL TRANSPORT INC
4 CAMPWOOD CRES
BRAMPTON, ON L7C 0W9

TRANSASTRO CORPORATION
PO BOX 16398
FORT WORTH TX 76123

TREVIS BARNES D/B/A: BARNES TR
132 OTIS REDDING DR
NATCHEZ MS 39120

TOP GEAR CARRIERS INC
36 SANDLEWOOD LN
BARRINGTON IL 60010

TRANSNET LOGISTICS LLC
918 CARRINGTON DR.
CHARLOTTE NC 28208

TRINITY XPRESS CORP
12430 SW 106 STREET
MIAMI FL 33173

TRIPLE C TRANSPORT LLC
38370 W HWY 30
SNOWVILLE UT 84336

TURBO VALLEY TRANSPORTATION
12 E MARS WAY UNIT C
SANDY UT 84070

UFD LLC
5804 STURBRIDGE CT
SACRAMENTO CA 95842

TRIPLE T EXPRESS INC
883 REBECCA STREET
LILBURN GA 30047

TURK TRANSPORTATION LLC
181 CENTENNIAL DR
CARNEGIE PA 15102

UKR CARRIER INC
1766 NATURE CT
SCHAUMBURG IL 60173

TROYANO TRUCKING & TRANSPORTATION LLC
7016 SPUR RANCH RD
ODESSA TX 79765

TURQUOISE TRUCKING
34 43RD AVE SW
CEDAR RAPIDS IA 52404

UMBRA TRUCKING LLC
87 UPPER COLORADO DR
BAY CITY TX 77414

TRUCK PROGRESS COMPANY
4 CLIFFSIDE CIRCLE DRIVE
WILLOW SPRINGS IL 60525

TWENTY TWENTY LOGISTICS INC
1102 N ELLIS ST
BENSENVILLE IL 60106

UNICO EXPRESS INC
116 ARCHER STREET
BURLINGTON NC 27215

TRUCKLAND INC
8070 W RUSSELL
RD #1012
LAS VEGAS NV 89113

TWIN CITY TRANSPORT INC
P O BOX 190118
LITTLE ROCK AR 72209

UNION TRANSIT LLC
13597 ELIAS CIR
SAN BENITO TX 78586

TRUCKSTOP.COM
PO BOX 99
NEW PLYMOUTH ID 83655

TX FLY TRANSPORT LLC
112 DURANGO ST
RIO GRANDE CITY TX 78582

UNITED CARRIER LLC
170 OLD JOHN DODD RD
BOILING SPRINGS SC 37323

TRUE INTEGRITY TRANSPORT LLC
3035 ASPEN HOLLOW LANE
SUGARLAND TX 77056

TY TRANSPORTATION INC
1601 W WALNUT ST UNIT 59
SANTA ANA CA 92705

UNITED STEEL HAULING LLC
1434 DALLAS DRIVE
THOMSON GA 63877

TRYON TRUCKING INC
PO BOX 68
FAIRLESS HILLS PA 19067

TYEISHA MOORE HAULING LLC
170 JO CELESTE PETTWAY ROAD
ALBERTA AL 36720

UNITED TRANSPORT INC
1155 1ST STREET
ROGERS NE 68659

TUNGUS LLC
1104 CLEAR CREEK CIR
CLERMONT FL 34711

U S & B TRANSPORT L L C
8546 SOUTHERN OAK CT
MOBILE AL 36610

UNITEDWS INC
2212 E 12TH ST APT 406
DAVENPORT IA 52804

UNITY TRUCKING LLC
621 11 ST
PLANO TX 77386

VDV ROYAL TRANS INC
1051 PERIMETER DRIVE STE 210
SCHAUMBURG IL 60173

VOGELSBURG TRUCKING
500 12TH ST NW
FAIRBULT MN 55021

UPSCALE TRANSPORTS LLC
158-C LANGFORD RD
BLYTHEWOOD SC 29016

VEPMC TRUCKING LLC
1020 E HOWELL ST
PHILADELPHIA PA 19149

VOSS TRANSPORT LLC
1301 PO BOX
COLUMBUS TX 78934

US BANK
PO BOX 790408
ST LOUIS MO 63179-0408

VEGA TRANSPORT LLC
PO BOX 16429
ST LOUIS MO 63128

W & N TRANSPORTATION INC
13903 SENECA RIDGE DR
HAGERSTOWN MD 21740

US INTERNET
BIN# 131489, PO BOX 1414
MINNEAPOLIS MN 55480-1414

VENUS TRANS LLC
1821 RIZZI LN
BARTLETT IL 60005

W T S TRANSPORTATION LLC
242 ROANOKE CIR
COLUMBUS MS 39702

US SARA EXPRESS INC
27 W 231 MANCHESTER RD
WHEATON IL 60187

VEG HAULING LLC
4795 FORD COURT
WHITE PLAINS MD 20695

W&A PABLO TRANSPORT SERVLL
2920 BLUE JAY CT
RACINE WI 53402

USA EAGLE EXPRESS LLC
5721 COTTONWOOD CT
HUBER HEIGHTS OH 45424

VICTORY TRANSIT INC
225 N ARLINGTON HEIGHTS RD UNIT 202
ELK GROVE VILLAGE IL 60007

WALKI ENTERPRISES LLC
6220 FM 2920 RD APT 910
SPRING TX 77379

USA FREIGHT SYSTEM INC
1775 NW 70TH AVE
MIAMI FL 33174

VIDA BELLA TRUCKING LLC
8340 N THORNYDALE RD
TUCSON AZ 85745

WALLICK FAMILY TRUCKING INC
2374 UNION AVENUE
VILLISCA IA 51632

V & R TRUCKING INC
3136 W EXPOSITION AVENUE
DENVER CO 80239

VILLEGAS TRANSPORT LLC
3905 E 6TH ST
CHEYENNE WY 82009

WARRIORS TRANSIT INC
15128 S HARLAN RD UNIT 409
LATHROP CA 95337

VAZ TRUCKS INC.
1042 MAPLE AVE STE 173
LISLE IL 60185

VMIRANDA TRANSPORT LLC
13184 FULLERTON DR
VICTORVILLE CA 93901

WAS TRUCKING LLC
7453 35TH STREET
COLFAX WI 54114

WAYNE TRANSPORTS INC
NW 4576 PO BOX 1450
MINNEAPOLIS MN 55068

WEXPRESS TRANSPORT LLC
6609 SALOUMEH WAY
CORPUS CHRISTI TX 78416

WIDER GROUP INC
3004 WEST BELMONT
CHICAGO IL 60106

WEST COAST TRANSPORT
4692 COLORADO RIVER DR
LONGMONT CO 80550

WHEEL EXPRESS LLC
3408 N. POTSDAM AVE
SIOUX FALLS SD 57104

WIL TRANSPORTATION SERVICE
780 THORPE RD
ORLANDO FL 32824

WEST EXPRESS LLC
16901 DALLAS PARKWAY STE 116
ADDISON TX 75001

WHEELER LEGACY TRANSPORTATION
1307 LUNA LINDA DR
ARLINGTON TX 76010

WILKS TRANSPORT LLC
1623 DRAKES CREEK RD
HENDERSONVILLE TN 37075

WEST OF THE PECOS LOGISTICS LLC
106 S YOUNG ST
FORT STOCKTON TX 79735

WHEELER TRANSPORT LLC
4623 NW 1ST AVE
NEW PLYMOUTH ID 48460

WILLY JENSEN TRUCKING REPAIR
27522 COUNTY HWY 48
OSAGE MN 56570

WEST UA TRANSPORT IN
13195 E 8 MILE RD
WARREN MI 48089

WHETSTONE TRANSFER LLC
804 INDUSTRIAL DRIVE
MILBANK SD 57252

WILSWIFT TRUCKING LLC
9024 OLD CASCADE DR
GARNER NC 28086

WESTCOAST TRANSPORT SERVICES LLC
3822 108 AVE E
EDGEWOOD WA 98372

WHITE CITY LOGISTICS
765 IL RTE 83 STE 123
BENSENVILLE IL 60106

WINDING ROADS LLC
512 S PETERSON AVE, SUITE 20
DOUGLAS GA 31535

WESTERN LINES INC
1904 PLANTEA CT
LAS VEGAS NV 89128

WHITE EAGLE TRANSPORT LLC
13626 LARWOOD LN
HOUSTON TX 77038

WISEXPRESS INC
11538 CROSS CREEK ESTATES L
BELVIDERE IL 61008

WESTERN TRANSPORT LOGISTICS INC
2601 E MAGNOLIA ST
PHOENIX AZ 85034

WHITE LIGHTNING EXPRESS INC
219272 MAPLE LEAF ROAD
MARATHON WI 54448

WOMACK TRANSPORTATION
PO BOX 7057
MCMINNVILLE TN 37110

WESTY'S TRUCKING LLC
2538 FISHER LN
OCONTO WI 54153

WHITE MOUNTAIN TRUCKING LLC
6424 S. 75TH AVE.
LAVEEN AZ 85339

WRAY TRUCKING CO LLC
246 ENERGY BLVD
ROCKY MOUNT VA 24151

WTI TRANSPORT INC
PO BOX 11407
BURMINGHAM AL 35401

YCY EXPRESS INC
24 SW 38TH AVE
CORAL GABLES FL 33172

ZAVA TRANS INC
4720 S PINE ST APT 43
TACOMA WA 98409

WTP LOGISTICS LLC
715 N 2475 W
LAYTON UT 84104

YELLOW BRICK RHOADES LLC
12421 CILCAIN CT
RALEIGH NC 27603

ZAVALA CARRIERS EXPRESS
1632 DUNAWAY ST
HOUSTON TX 77093

WYOMING WORKERS COMPENSATION
5221 YELLOWSTONE RD
CHEYENNE WY 82002

YELLOW JACKET TRANZ LLC
115 ROAD 5005
BLOOMFIELD NM 87413

ZEEB TRUCKING INC
905 EAST BREITUNG AVENUE
KINGSFORD MI 49802

X FACTOR EXPRESS LLC
4500 MERCANTILE PLAZA STE 300
FORT WORTH TX 76179

YELLOWSTONE TRANSPORT LLC
1310 HILL CREST AVE
LAUREL MT 59044

ZELLER TRANSPORTATION, LLC
1615 INNOVATION WAY
HARTFORD WI 53027

X-TRUX INC
P O BOX 293
SIOUX FALLS SD 57107

YODER TRANSPORT LLC
708 N OAK ST
HARRISON AR 72601

ZOKO FREIGHT, INC.
13156 FRANCISCO AVE STE A
BLUE ISLAND IL 60406

Y & Y TRANSPORT LLC
7968 HILLTOP WINDMILL ST
LAS VEGAS NV 89123

Z & I TRUCKING LLC
5872 HWY 498 E
PORTERVILLE MS 39352

ALPINE ADVANCE 5 LLC
228 PARK AVE S
NEW YORK NY 10003

YAHIR TRUCKING LLC
106 CYPRESS RD
ANNAPOLIS MD 21403

Z TRANSPORTATION INC
107 BEAVERBROOK RD STE 2
LINCOLN PARK NJ 07035

ANDERSON, WILLIAMS, & FARROW
7515 HALCYON POINT DRIVE
MONTGOMERY AL 36117

YANEZ TRUCKIN LLC
622 BEAR VALLEY DR
GRAND JCT CO 81505

ZAM TRANS INC
4811 CHIPPENDALE DRIVE SUITE 802
SACRAMENTO CA 95841

CORPORATION SERVICE COMPANY
P.O. BOX 2576
SPRINGFIELD IL 62708

YARD DOG TRANSPORT LLC
7146 183RD ST # 168
TINLEY PARK IL 60527

ZAM ZAM FREIGHT LLC
8555 E EVANS AVE UNIT 2301
DENVER CO 80011

DANIEL R SAVALOJA
8970 WEST 35W SERVICE DRIVEN
SUITE 100
BLAINE MN 55449-6744

ERIC NORD
CRIST, KROGH, ALKE & NORD, PLLC 10 W 15TH ST., STE 1100
2708 FIRST AVENUE NORTH, SUITE 300 HELENA MT 59626
BILLINGS MT 59101

FIRST CORPORATE SOLUTIONS
914 S STREET
SACRAMENTO CA 95811

U.S. SMALL BUSINESS ADMINISTRATION
10737 GATEWAY WEST #300
EL PASO TX 79935

GENE ROSEN'S LAW FIRM
200 GARDEN CITY PLAZA
SUITE 405
GARDEN CITY NY 11530

KAPLAN LEGAL SERVICES LLC
6065 ROSWELL ROAD
SUITE 540
ATLANTA GA 30328

MULLEN INVESTEMENTS II, LLC
4425 MCGIRL RD
BILLINGS MT 59105

MULLEN INVESTMENTS II, LLC
PO BOX 42
SODA SPRINGS ID 83276

R MOVERS LLC
1120 48TH
WOODWARD OK 73801

ROBERT S BOULTER
LAW OFFICE OF ROBERT S BOULTER
1101 5TH AVENUE #310
SAN RAFAEL CA 94901

SBA - CESC COVID EIDL SER. CENTER
14925 KINGPORT RD
FORT WORTH TX 76155

**United States Bankruptcy Court
District of Montana**

In re **MEADOW LARK AGENCY, INC.**

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **MEADOW LARK AGENCY, INC.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

November 6, 2023

Date

/s/ JAMES A. PATTEN

JAMES A. PATTEN 1191

Signature of Attorney or Litigant
Counsel for **MEADOW LARK AGENCY, INC.**

PATTEN PETERMAN BEKKEDAHL

& GREEN

2817 2ND AVENUE N, ST 300

BILLINGS, MT 59101

406-252-8500 Fax:406-294-9500

apatten@ppbglaw.com

**United States Bankruptcy Court
District of Montana**

In re MEADOW LARK AGENCY, INC.

Debtor(s)

Case No. _____
Chapter 7

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **AMANDA R. ROTH**, declare under penalty of perjury that I am the **sole shareholder and CEO** of **MEADOW LARK COMPANIES, INC.**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 9th day of October, 2023.

"Whereas, it is in the best interest of Meadowlark Agency, Inc. to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 7 of Title 11 of the United States Code;

Be It Therefore Resolved, that **AMANDA R. ROTH**, CEO of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 7 voluntary bankruptcy case on behalf of Meadow Lark Agency, Inc.; and

Be It Further Resolved, that **AMANDA R. ROTH**, CEO of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of Meadow Lark Agency, Inc., and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **AMANDA R. ROTH**, CEO of this Corporation is authorized and directed to employ **JAMES A. PATTEN 1191**, attorney and the law firm of **PATTEN PETERMAN BEKKEDAH** to represent Meadow Lark Agency, Inc. in such bankruptcy case."

Date November 6, 2023

Signed /s/ AMANDA R. ROTH 
AMANDA R. ROTH, CEO of Meadow Lark Companies Inc
and Meadow Lark Agency, Inc.

Resolution of Board of Directors
of
MEADOW LARK COMPANIES, INC.

Whereas, it is in the best interest of this corporation to file a voluntary petition for Meadow Lark Agency, Inc. in the the United States Bankruptcy Court pursuant to Chapter 7 of Title 11 of the United States Code;

Be It Therefore Resolved, that **AMANDA R. ROTH**, CEO of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 7 voluntary bankruptcy case on behalf of Meadow Lark Agency, Inc. ; and

Be It Further Resolved, that **AMANDA R. ROTH**, CEO of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of Meadow Lark Agency, Inc., and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of Meadow Lark Agency, Inc. in connection with such bankruptcy case, and

Be It Further Resolved, that **AMANDA R. ROTH**, CEO of this Corporation is authorized and directed to employ **JAMES A. PATTEN 1191**, attorney and the law firm of **PATTEN PETERMAN BEKKEDAHL** to represent Meadow Lark Agency, Inc. in such bankruptcy case.

Date November 6, 2023

Signed /s/ Amanda R. Roth
Amanda Roth, CEO of Meadow Lark Companies Inc
and Meadow Lark Agency, Inc.

Date November 6, 2023

Signed Amanda R Roth